

Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa

Regional Update for 2018 - as of 18 January 2018



Highlights

More than 2,009 cholera / AWD cases and 22 deaths (Case Fatality Rate: 1.1%) have been reported in 7 of 21 countries of Eastern and Southern Africa Region (ESAR) since the beginning of 2018. These countries include; Angola, Kenya, Malawi, Mozambique, Somalia, Tanzania and Zambia.

The most affected countries since the beginning of this year are Zambia with 57.7% of the total case load, followed by Kenya 14.9% and Angola at 13.2%. Of the 7 countries with active transmission this year, Tanzania has recorded the highest CFR at 3.1%, followed by Angola at 2.2%.

Zambia: During week 2 (week ending 14 January 2018), 547 new cases including 10 deaths (CFR:1.8%) were reported in the country compared to 613 cases reported in week 1 (week ending 7 January 2018). The new cases reported during the week emerged from 23 districts located in 7 provinces, namely Lusaka (500), Central (18), Southern (17), Copperbelt (5), Eastern (3), Western (3) and North Western (1).

Angola: A new outbreak was identified in Epidemiological week 51 of 2017 in Uige district, where two suspected cholera cases with travel history from Kimpangu in DRC were reported. During week 2 of 2018, 124 new cases including 1 death (CFR: 0.8%) were reported; compared to 147 cases including 5 death (CFR: 3.4%) reported in week 1. These cases are concentrated in Uige district. Cumulatively a total of 443 cases including 9 deaths have been reported, as from 15 December 2017.

Kenya: An increase in the epidemic trend. During week 2, 199 new cases were reported compared to 101 cases including 1 death reported in week 1. New cases emerged from 5 Counties, namely Tharaka Nithi (157), Garissa (27), Siaya (7), Mombasa (5) and Kirinyaga (3).

Tanzania: During week 1, 127 new cases including 4 deaths (CFR: 3.1%) were reported. These new cases are concentrated in 6 regions, namely Rukwa (48), Kigoma (22), Songwe (20), Ruvuma (18 cases and 1 death), Dodoma (10 cases and 3 deaths) and Manyara (9).

Somalia: During week 1, 90 new cases including 1 death (CFR: 1.1%) were reported. These new cases emerged from Banadir (46 cases and 1 death) and Hiran (44) regions.

Malawi: During week 1 (week ending 7 January 2018), a total of 58 new suspected cholera cases (with no deaths) were reported, compared to 59 cases reported in week 52 (week ending 31 December 2017). The new cases reported during the week came from four districts, namely Karonga (33), Lilongwe (18), Salima (5), and Nkhatabay (2).

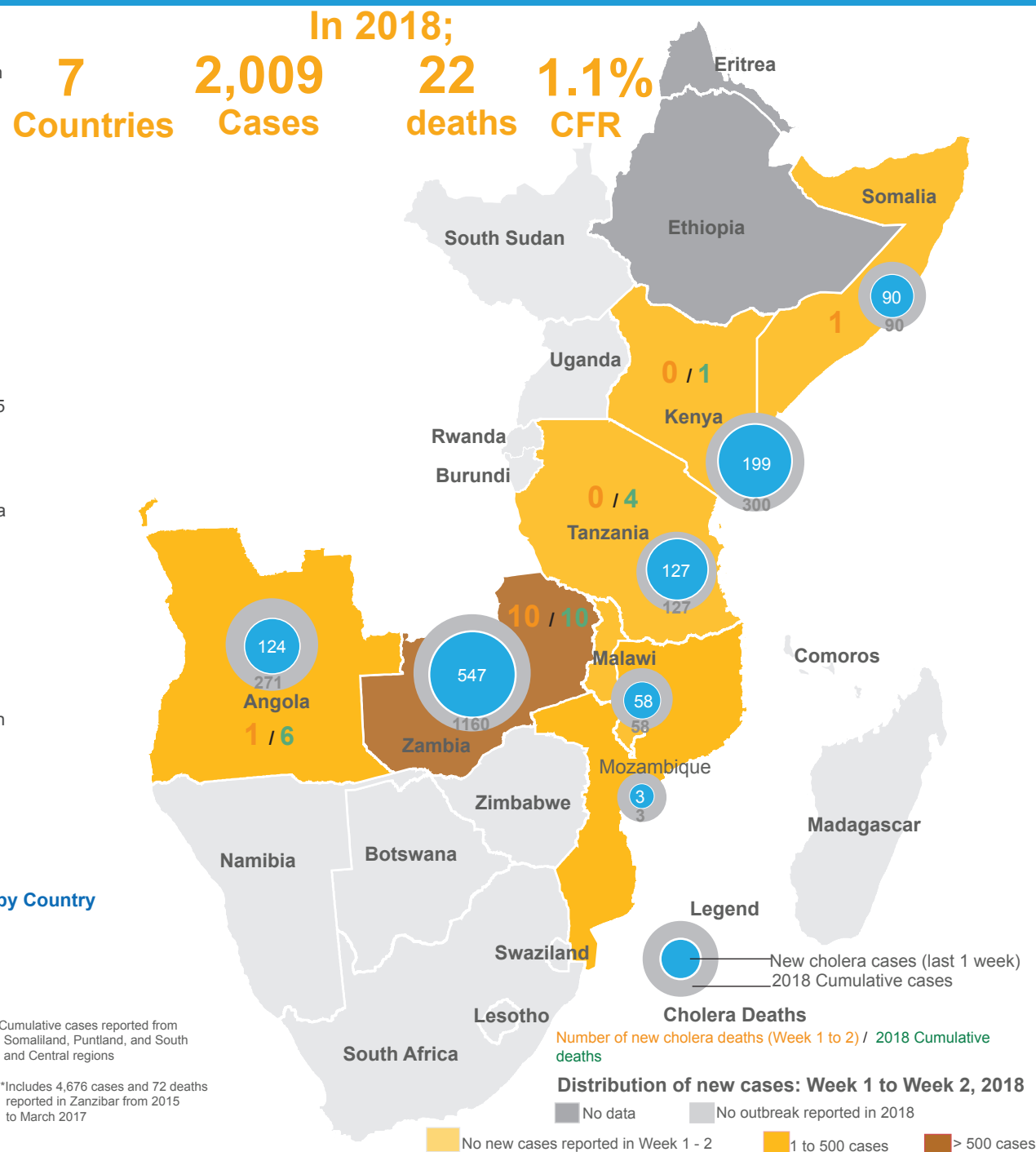
Mozambique: 3 new cases were reported in week 1. These new cases emerged from Memba, Erati and Nacarroa districts, and Nampula city in Nampula province.

Table: Cumulative Cholera / AWD Cases and Deaths Since the Beginning of Outbreaks, by Country

Country	Start Date	Cumulative no. of cases	Cumulative no. of deaths	Status
Somalia	March 2016	94,606*	1668*	Ongoing
Tanzania	August 2015	33,288**	538**	Ongoing
South Sudan	June 2016	21,556	462	Controlled
Kenya	October 2016	4,599	90	Ongoing
Mozambique	January 2017	3,277	5	Ongoing
Angola	December 2017	443	9	Ongoing
Burundi	December 2016	330	0	Controlled
Uganda	September 2017	253	5	Controlled
Malawi	March 2017	358	4	Ongoing
Zambia	October 2017	3267	74	Ongoing
Zimbabwe	November 2016	16	4	Controlled
Rwanda	January 2017	4	0	Controlled

Creation date: 18 January 2018

Sources: Ministries of Health and WHO



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

- The 2nd round of OCV campaign in Kapoeta South, East and Tonj East was conducted from 10th -17th December 2017. In Tonj East 85,000 individuals 1year and above had 2nd dose while in Kapoeata South and East, 67,947 and 75,236 received 2nd dose of the vaccine respectively.
- Preventive and reactive Oral Cholera Vaccine campaigns were conducted in 7 states in IDP settlements (Mingkaman, Aburoc), PoC sites (Bor, Bentiu, Juba) and in high-risk towns, where a total of 851,178 (75%) individuals 1 years and above had 1st dose and 472,407 (42%) had 2 doses of OCV
- The Annual national cholera review meeting was held and reviewed the implementation of the response to document what worked well, the challenges, best practices, lessons learnt, and recommendations for improving future response

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 has prepositioned AWD kits targeting 11,200 people in the whole of Somalia.
- UNICEF supports case management, case education and social behavioural change through its implementing partners

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

- Mapping of water sources, sewage blockage and outburst sites conducted in the hotspots
- CReinforcement of Public Health Law in the affected Counties
- Hygiene promotion and health education activities are being carried out with targeted provision of chemoprophylaxis for the members of the affected community

Uganda

- Training health workers from the private sector on case management
- 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
- Kasese and Kisoro districts each received 1 AWD kit

Country Priorities and Response Interventions

Country Priorities

Response Interventions

- Mozambique**
- 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

- Cholera prevention and control messages were disseminated to affected communities through radio spots, mobile teams and IEC materials (50 albums about Hygiene and prevention; 1000 leaflets on hygiene promotion and 1000 Brochures on hand washing)

- 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 Karonga district UNICEF provided the following items;
- 20 sets of portable latrines, for use at CTCs
 - HTH chlorine, soap, plastic sheeting and tarpaulin
 - Water collection and storage containers
 - Hand washing facilities
 - 5000 sachets of ORS
 - 3 boxes of gloves
 - 20 pairs of gum boots
 - 20 pairs of heavy duty gloves
 - 5 rolls of adhesive tape
 - 40 blankets and 1 tent.
- In Nkhata Bay, UNICEF provided cholera treatment and prevention supplies
 - In Lilongwe, UNICEF erected a CTC and provided cholera treatment and prevention 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

- A review of the National cholera response plan is ongoing
- 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 that visits the outbreak areas
- The Water sector in collaboration with Uvinza CHMT have disinfected all wells that were found to be contaminated. Also done is closing down those wells noted to be located where contamination from latrines was imminent

- Angola**
- Increase access to safe water. Untreated water from wells and rivers is still the main source of drinking water
 - Improve hygiene practices
 - Increase latrine coverage
 - Increase the IEC equipment: megaphones and their batteries

- 50 beds provided to increase bed capacity in CTCs attending to severe cholera cases in Uige district
- Contact tracing increased from 17 cases per day on 08/01/2018 up to 217 on 14/01/2017. Total number of contacts traced is 1,005 cases
- Mapping of risk water sources was conducted and information disseminated to the WASH sector
- Disinfection of 320 wells was conducted
- Disinfection of 37 houses belonging to the cases
- Distribution of chlorinated water, safe water in trucks and chlorine tablets for drinking water in the six more affected neighborhoods
- UNICEF chlorinated the public pipeline water which distributes water to the city center

- 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

- The OCV campaign which was conducted between 10th to 14th January 2018, reached a total of 895,873 people
- Contact tracing of all cases is ongoing
- Case management
- 23 shallow wells were buried in Chaisa (5), Kanyama (18), bringing the total to 1,152
- 1479T of waste were collected bringing the cumulative total to 57,764T of waste collected from all constituencies
- 16 market premises were inspected for readiness to resume trading
- 17 Septic tanks were emptied bringing the total to 388

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 Management 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
- Cultural practices within some communities which promote open defecation

Uganda: Challenges

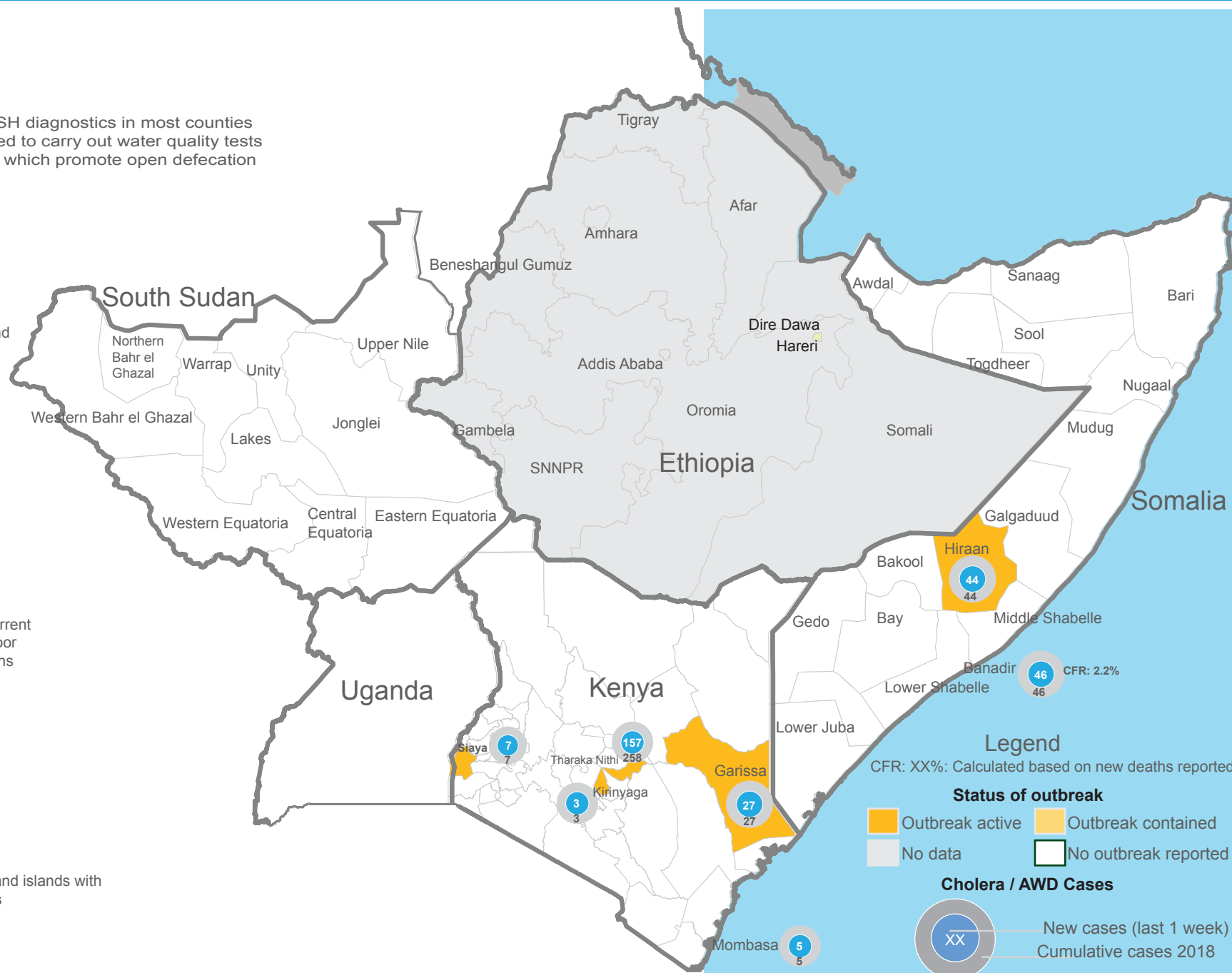
- Lack of political will to enforce by-laws on hygiene and sanitation
- Low coverage of pit latrines coupled with increased rainfall
- High attrition rate of health workers affects the process of building their capacities

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

- 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

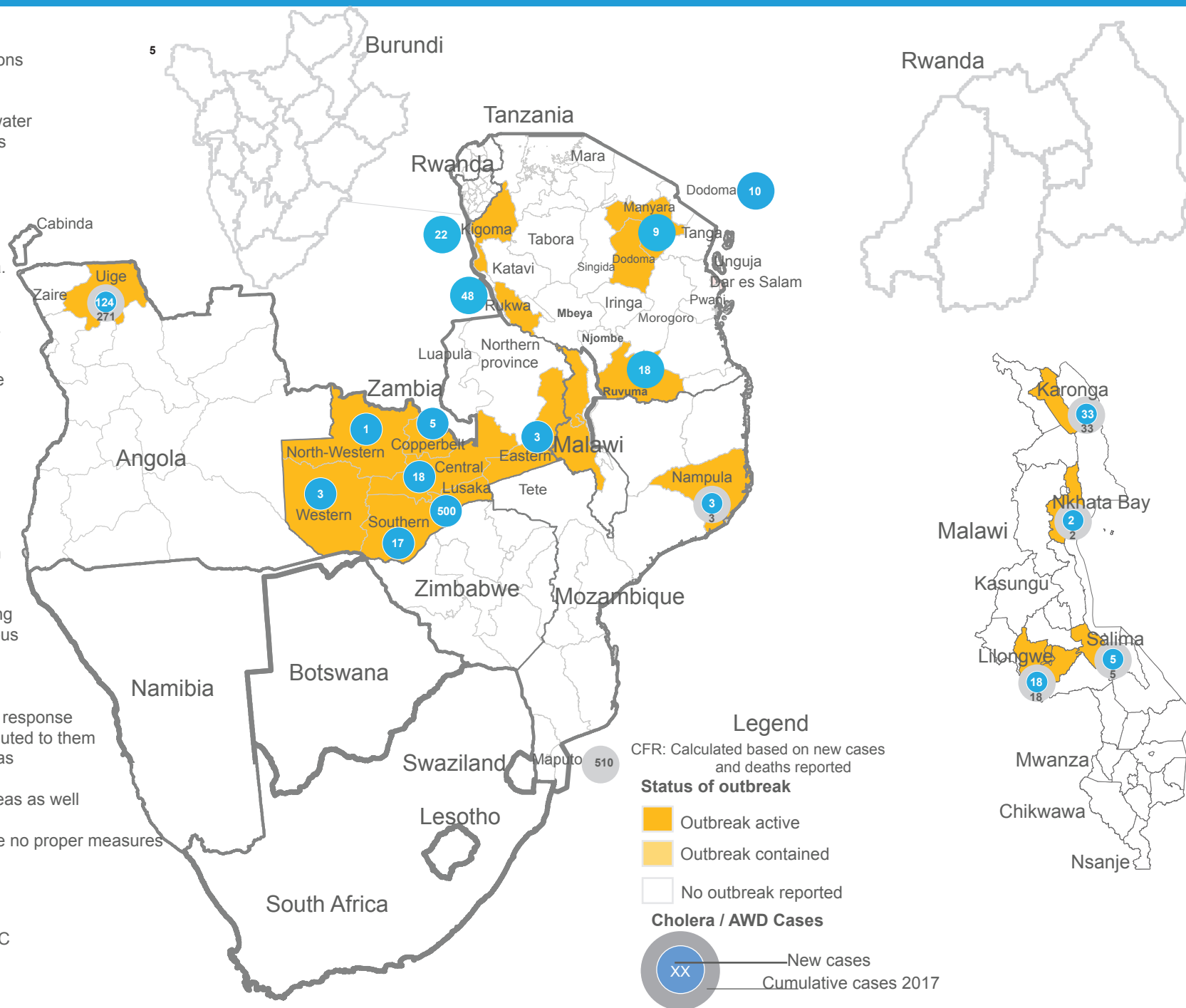
- Violence associated to cholera has been reported in Memba district (Current cholera hot spot) due to the perception that health professionals are spreading cholera when opening treatment centres. This is being mitigated through community dialogues led by religious leaders and district administrator

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: 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



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

Country	Week 1		Week 2		2018 Cumulative			Cumulative since the beginning of outbreaks			Beginning of outbreaks
	Cases	Deaths	Cases	Deaths	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)	
Somalia	90	1	0	0	90	1	1.1	94,606	1,668	1.8	March 2016
Kenya	101	1	199	0	300	1	0.3	4599	90	2.0	October 2016
Tanzania	127	4	0	0	127	4	3.1	33,288	538	1.6	August 2015
Malawi	58	0			58	0	0.0	358	4	1.1	March 2017
Mozambique	3	0	0	0	3	0	0.0	3,277	5	0.2	January 2017
Angola	147	5	124	1	271	6	2.2	443	9	2.0	December 2017
Zambia	613	0	547	10	1160	10	0.9	3267	74	2.3	October 2017
South Sudan	0	0	0	0	0	0	0.0	21,556	462	1.8	June 2016
Burundi	0	0	0	0	0	0	0.0	330	0	0.0	December 2016
Rwanda	0	0	0	0	0	0	0	4	0	0.0	January 2017
Uganda	0	0	0	0	0	0	0	253	5	2.0	September 2017
Zimbabwe	0	0	0	0	0	0	0.0	16	4	25.0	November 2016
Madagascar											
Comoros											
Swaziland											
Botswana											
Eritrea											
Lesotho											
Namibia											
South Africa											
TOTAL					2,009	22	1.1	161,997	2,859	1.8	

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