

Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa

Regional Update for 2018 - as of 6 March 2018



Highlights

More than 8,459 cholera / AWD cases and 150 deaths (Case Fatality Rate, 1.8%) 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, Uganda reported the highest number of new cases (485 cases including 5 deaths), followed by Tanzania (321 cases including 7 deaths). 7 out of the 8 countries with active transmission have recorded CFR above 1% in 2018, with Uganda and Malawi recording the highest CFR at 2.5%, each.

Uganda: On 15 February 2018, UNHCR managing Kigoma reception centre in Kyangwali district reported a death of a refugee man from the Democratic Republic of Congo from diarrhoea and severe dehydration. On 20 February 2018, Cholera was confirmed in samples from Kyangwali refugee settlement in Hoima district. As of 4 March 2018, a total of 1,354 cases including 34 deaths (CFR, 2.5%) had been line-listed. Some refugees from DRC are settling among the host communities which is contributing to the spread of the outbreak to villages in the host community.

Tanzania: An increase in the epidemic trend has been noted. During week 8 (week ending 25 February 2018), 321 new cases including 7 deaths (CFR, 2.2%) were reported compared to 231 cases including 5 deaths (CFR, 2.2%) reported in week 7 (week ending 18 February 2018). These new cases are concentrated in 5 regions, namely Morogoro (45), Iringa (18), Dodoma (89 cases and 6 deaths), Rukwa (47) and Ruvuma (122 cases and 1 death). Cumulatively a total of 29,918 cases including 493 deaths have been reported in Tanzania mainland, as from August 2015. Of these, a total of 1,287 cases and 27 deaths have been reported since the beginning of 2018.

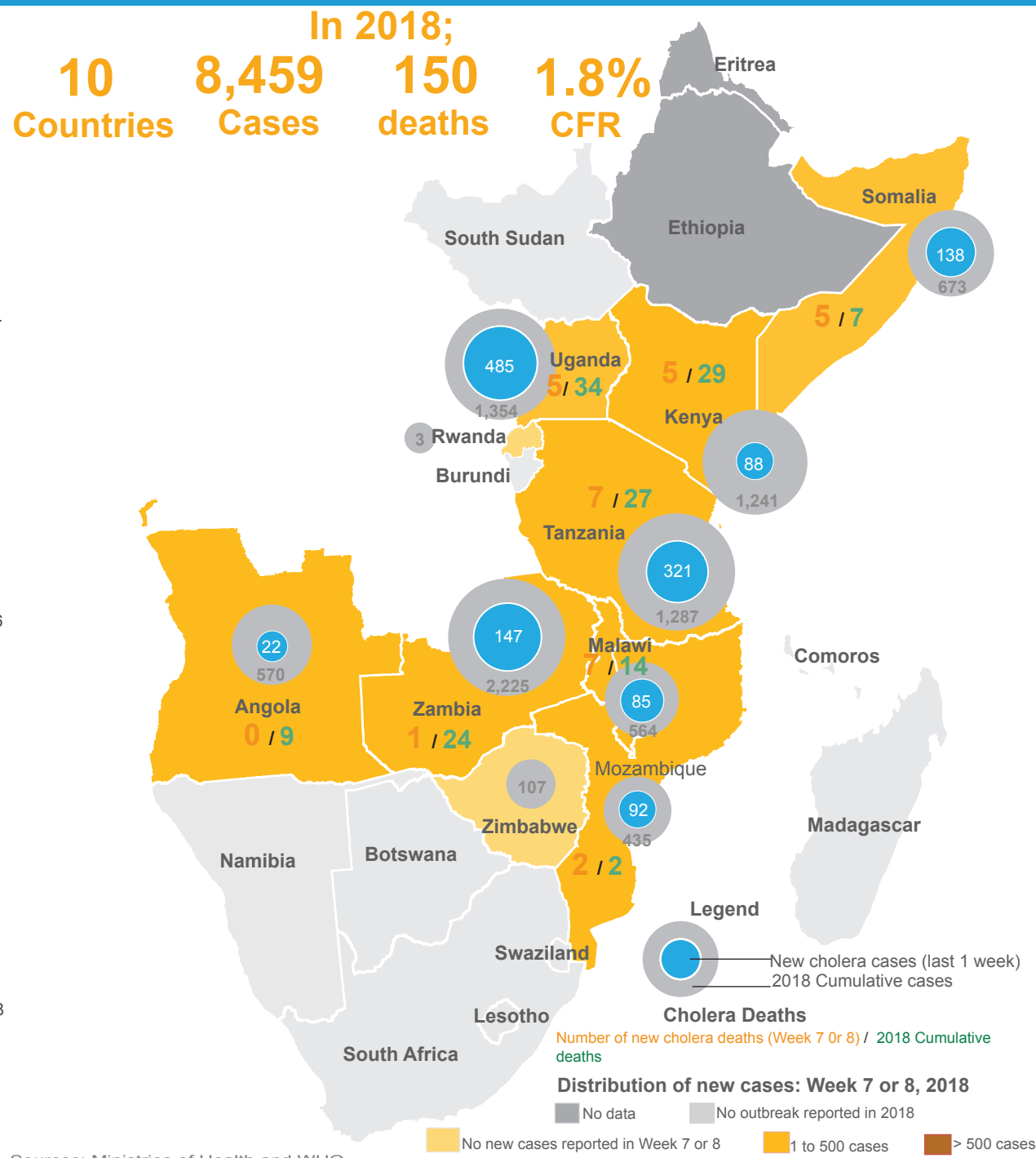
Somalia: An increase in the epidemic trend has been noted. During week 7, 138 new cases including 5 deaths (CFR, 3.6%) were reported compared to 98 cases including 1 death (CFR, 1%) reported in week 6 (week ending 11 February 2018). New cases emerged from 4 regions, namely Banadir (36 cases and 1 death), Middle Shabelle (55 cases and 1 death), Lower Jubba (39 cases and 2 deaths) and Hiraan (8). Cumulatively a total of 986 cases including 8 deaths have been reported, as from December 2017. Of these, a total of 673 cases and 7 deaths have been reported since the beginning of 2018.

Malawi: 85 new cases including 7 deaths (CFR, 8.2%) were reported in week 9 compared to 100 cases and 2 deaths (CFR, 2%) reported in week 8. The new cases emerged from six districts, namely Karonga (27 and 3 deaths), Lilongwe (21), Salima (19 and 3 deaths), Nsanje (6), Likoma (2) and Rumphu (1) and Dedza (11 and 1 death). Cumulatively a total of 719 cases and 19 deaths have been reported, as from November 2017. Of these, 564 cases and 14 deaths have been reported since the beginning of 2018.

Mozambique: 92 new cases including 2 deaths were reported in week 8 compared to 64 cases reported in week 7. These new cases emerged from Nampula province (27), and Cabo Delgado (65 cases and 2 deaths). Cumulatively a total of 2,007 cases and 3 deaths have been reported, as from August 2017. Of these, 435 cases and 2 deaths have been reported since the beginning of 2018.

Kenya: 88 new cases including 5 deaths (CFR, 5.7%) were reported in week 8 compared to 79 cases reported in week 7. New cases emerged from 5 Counties, namely Siaya (70 cases and 5 deaths), Tana River (6), Garissa (5), Turkana (5) and Tharaka Nithi (2). Cumulatively a total of 5,540 cases including 118 deaths have been reported, as from October 2016. Of these, a total of 1,241 cases and 29 deaths have been reported since the beginning of 2018.

Angola: 22 new cases were reported in week 8 compared to 48 cases including 1 death (CFR, 2.1%) reported in week 7. These cases are concentrated in Uige district. Cumulatively a total of 673 cases including 12 deaths have been reported, as from 15 December 2017. Of these, 570 cases and 9 deaths have been reported since the beginning of 2018.



Country Priorities and Response Interventions

Country Priorities

Response Interventions

Zimbabwe

- Augmenting Municipal water supply through borehole repairs and motorization of boreholes
- Rehabilitation of communal latrines
- Provision of NFI
- Continue to intensify hygiene awareness
- Water treatment chemicals

- The Ministry of Health is responding to the outbreak with support from WHO, UNICEF, Médecins Sans Frontières, Zimbabwe Red Cross, and other partners.
- The district civil protection committee has been activated and coordination meetings are being held daily at Chegutu
- Together with UNICEF and WHO, the Provincial and National Rapid Response Teams are conducting field investigations and supporting the response activities.
- UNICEF distributed NFIs to 4,500 at risk households and repaired 10 boreholes
- A Cholera Treatment Centre has been set up by MSF close to the communities where cases are being reported
- WHO donated an interagency diarrhoeal disease kit (IDDK) to the Ministry of Health to support management of cholera cases
- Water quality testing is ongoing in the affected areas, along with the provision of clean water in affected areas, distribution of Aquatabs, chlorine, soap, and jerry cans for water storage.
- 5 500 households have received health education during the week under review
- Social mobilization activities are ongoing in schools and all private clinics and pharmacies have been sensitized on the risk of cholera

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 and different partners provided 221,995 emergency affected people (65,598 reached by UNICEF and 156,397 reached by other humanitarian agencies) with temporary access to adequate and safe water through chlorination, operation and maintenance, water trucking, vouchers and household water treatment. This represents 3.8% achievement of the overall annual target
- 143,310 people (11,502 reached by UNICEF and 131,808 by other humanitarian agencies) had access to sustained means of safe water supply through newly built and/or rehabilitated water points. This represents 7.5% of the overall annual target
- 28,940 people (11,500 by UNICEF and 17,440 by other agencies), hence 2% of the annual target were reached with adequate sanitation facilities
- 23,470 households in emergency situation (approximately 140,820 people) received hygiene kits composed of soap, jerry cans, buckets, aquatabs, etc., as a means to allow them prevent hygiene related diseases like AWD/Cholera by treating drinking water at household level and safely keeping it in clean and closed containers.

Kenya

- Need for continuous capacity building in counties on IDSR, IPC and RRT
- Ensure the availability of safe water and safe human waste disposal
- Strengthen cholera prevention and health promotion in high risk areas

- The Ministry of Health (MOH) deployed 3 national multi-disciplinary technical teams to provide technical and material support to Garissa, Meru and Tana River counties.
- The MOH has sensitized Health Care Workers in affected counties on case management and Infection Prevention and Control Measures
- MOH designed and printed IEC materials for cholera and distributed to the affected counties
- The Ministry designed Radio spots which were aired in English and Kiswahili across the country
- Cholera technical coordinating committees have been established in the counties having active cholera outbreak
- Cholera treatment centers have been set up in areas where cholera cases are reported
- MOH, partners and the county health teams in the affected areas have put in place enhanced cholera and other diseases surveillance, alert, rumors, investigations and other rapid response mechanisms
- Distribution of water treatment chemicals to households in the affected areas is ongoing, as well as contact tracing and household disinfection
- Hygiene promotion and health education activities are being carried out with targeted provision of chemoprophylaxis for affected families

Uganda

- Need for cross border collaboration, for instance information on the outbreak in DRC needs to be shared to direct the response
- Need for translation of IEC materials on cholera into French, Kiswahili and Lingala
- Provision of water, pit latrines and hand washing facilities
- Some refugees are coming from Ituri where there is ethnic violence and some of the areas are hard to access. Difficult to assess the outbreak situation in these areas

- Screening of all refugees entering Uganda through Lake Albert and other border points.
- 3 Cholera kits were delivered by UNICEF to Kyangwali – Hoima district in addition to one from WHO.
- 6 cartons of water purification tablets were provided to affected areas
- Uganda Red Cross society is conducting hygiene promotion and overall social mobilization, with support from UNICEF
- Village Health Teams are being supported to conduct door to door communication for behaviour change.
- Technical supported being provided by UNICEF staff on WASH, social Mobilization and Case management.
- Cholera IEC materials for English already dispatched to Hoima and Kyaka II through the Uganda Red Cross

Country Priorities and Response Interventions

Country Priorities

Response Interventions

Mozambique

- Strengthening disease surveillance in districts affected by the tropical storm
- Social mobilization actions with multimedia mobile units in Pemba city
- Training community actors on cholera (CHW's; Community Leaders; Religious Leaders; Traditional Healers and others)
- Community radios activity in Mueda, Macomia, Montepuez and Chiure

- In Nampula province support was provided with the following IEC materials: 1000 leaflets on hygiene promotion and 1000 brochures on hand washing. Social mobilization on hand washing and prevention of violence through community radios was conducted in 7 districts
- In Cabo Delgado: A refresher training was conducted for 84 volunteers: demonstration on the use of water disinfectant (Certeza), and house-to-house delivery of hygiene messages and distribution of Certeza

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

- UNICEF provided cholera treatment and prevention supplies to Nkhata Bay
- In Lilongwe, UNICEF set up a CTC and provided cholera treatment and prevention supplies, including 1 complete cholera kit and several drums of HTH were provided
- In Mulanje, UNICEF provided two tents, medical supplies to treat 50 cases plus WASH supplies
- In Nsanje, UNICEF provided medical supplies to treat 50 cases plus WASH supplies
- In Likoma, UNICEF provided a tent, medical supplies to treat 50 cases plus WASH 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 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 areas
- 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 DC in Iringa region has released supplies including IV fluid and antibiotics worth Tshs 4.7 Million to health facilities in affected areas.
- Kilolo DC bought water guard tablets through commercial outlets worth Tshs 1 Million that will be used at household level for water treatment

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

WASH response was based on water testing for coliforms, massive Aquatabs distribution in critical areas, positioning of 10 bladders in most affected areas with a total capacity of 50m³, and residual chlorine testing

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

- UNICEF is working closely with WHO on the health component of the response (technical support to MoH and supplies)
- UNICEF provided technical support for development of multi-sectoral cholera response. Support is also being provided for coordination of cooperating partners (CPs) on cholera response.
- 8,750 kg of granular chlorine were provided by UNICEF to Lusaka Water and Sewerage Company for chlorination of water supply
- Inspection of public premises is ongoing in Kabwe district
- The Council in Mumbwa district is supervising burials to ensure that they are conducted safely
- In Luano district, access to safe water has been increased through water trucking and extension of water supply to affected areas that were not connected to the city network.
- Health promotion and public sensitization campaigns are ongoing in Serenje district
- Weekly Government led inter-sectoral coordination meetings are being conducted in Ndola district
- UNICEF procured 2 Cholera kits and handed over to government for distribution to affected areas in Katete district
- In Lundazi district, various NGO partners and the cooperate world contributed to Cholera response through funding and supplies

Annex 1: Distribution of Cholera and AWD Outbreaks in the Horn of Africa and Challenges in Response - as from 1st January 2018

Kenya: Challenges

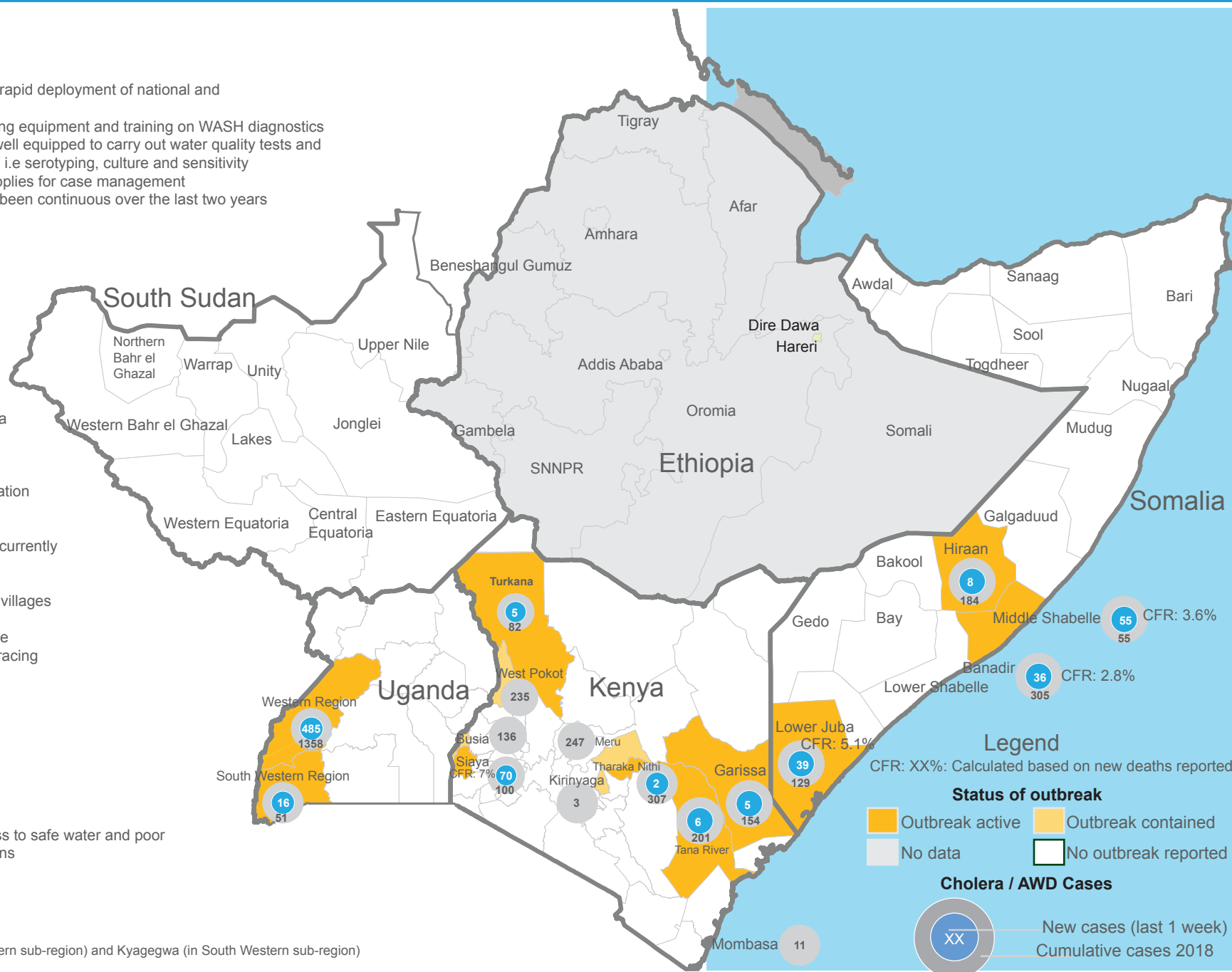
- Limited financial and material resources to facilitate rapid deployment of national and County technical teams to respond to the outbreaks
- Not all counties have regular supply of water sampling equipment and training on WASH diagnostics and most county health facility laboratories are not well equipped to carry out water quality tests and confirmatory tests- some of the supplies are missing i.e serotyping, culture and sensitivity
- Limited pharmaceutical and non-pharmaceutical supplies for case management
- Inadequate IEC materials since the outbreaks have been continuous over the last two years

Uganda: Challenges

- 98% of the patients in Hoima and 100% in Kyagegwa are new refugees arriving from DRC. They crossed into Uganda when they are sick.
- Some refugees from Congo are settling among the host communities which is contributing to the propagation of the outbreak to other villages.
- Inadequate water at the Sebigoro CTC
- Inadequate safe water provisions in the community currently 8 litres person per day
- Inadequate facilities for hand washing
- There is wide spread open defecation at the fishing villages
- Active community engagement is still inadequate
- Coordination/ engagement of leaders still inadequate
- Inadequate active case investigations and contact tracing

Somalia: Challenges

- Drivers of the current epidemic include limited access to safe water and poor sanitation in IDP settlements in all the affected regions



** Cases from Uganda emerged from Hoima district (in Western sub-region) and Kyagegwa (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

- 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 spread to other districts outside of Lusaka
- Reduced number of water trucks as some companies have withdrawn their equipment
- Some communities continue to utilize contaminated shallow wells as a source of water due to limited access to safe water
- Inadequate megaphones for community education

Challenges: Mozambique

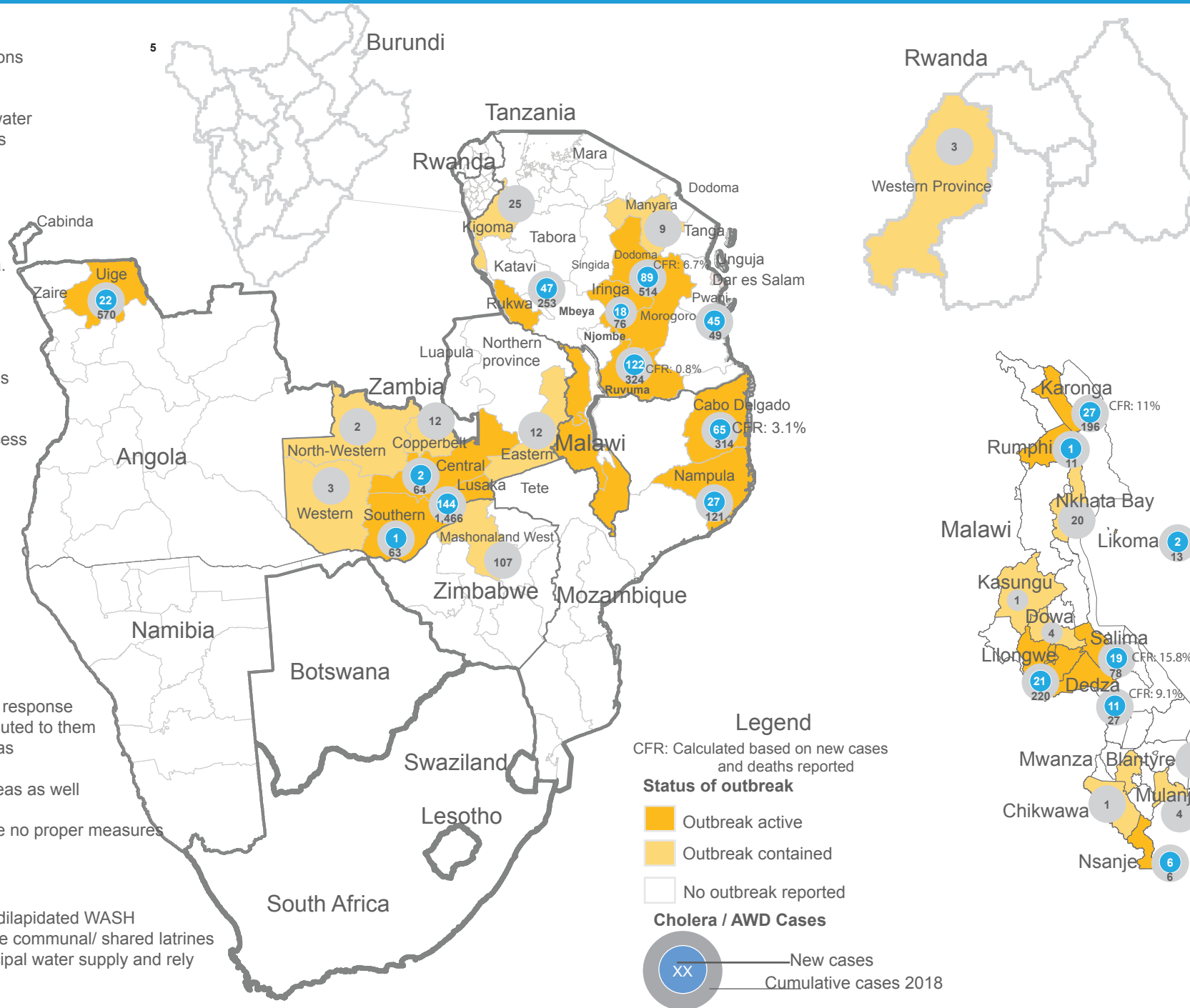
- A tropical storm occurred on January 16th in Nampula, and affected 80,000 people and destroyed 8 health facilities. This may increase the risk of new outbreaks in the region

Challenges: Tanzania

- 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: Zimbabwe

- Most of the affected areas are old settlements with dilapidated WASH Infrastructure - receive erratic water supply and have communal/ shared latrines
- Some 'new' settlements are not connected to municipal water supply and rely on unsafe sources such as shallow wells
- Vandalism of water distribution network



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

	Week 4		Week 5		Week 6		Week 7		Week 8		Week 9		2018 Cumulative			Cumulative Since the Beginning of Outbreaks			Beginning of Outbreaks
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)	
Somalia	66	0	103	0	98	1	138	5					673	7	1.0	986	8	0.8	Dec-17
Kenya	73	1	66	0	115	0	79	0	88	5			1,241	29	2.3	5,540	118	2.1	Oct-16
Tanzania	83	4	151	3	278	3	231	5	321	7			1287	27	2.1	29,918	493	1.6	Aug-15
Malawi	30	0	67	1	70	1	95	2	100	2	85	7	564	14	2.5	719	19	2.6	Nov-17
Mozambique	60	0	36	0	70	0	64	0	92	2			435	2	0.5	2,007	3	0.1	Aug-17
Angola	79	1	42	0	39	0	48	1	22	0			570	9	1.6	673	12	1.8	Dec-17
Zambia	197	2	169	1	125	3	147	1					2,225	24	1.1	4,076	83	2.0	Oct-17
Uganda			1	0	5	0	413	20	455	9	485	5	1,354	34	2.5	1,354	34	2.5	15th Feb 2018
Zimbabwe	57	0	13	0	8	0	0	0	0	0			107	4	3.7	107	4	3.7	Jan-18
Rwanda	1	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													8,459	150	1.8	45,383	774	1.7	

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