

Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa

Regional Update for 2019 - as of 15 June 2019



Highlights

Almost half of the countries in Eastern and Southern Africa region (ESAR) have been affected by cholera outbreaks since the beginning of 2019. More than 12,102 cholera / AWD cases including 51 deaths have been reported in 10 countries in the region, with an average Case Fatality Rate of 0.4%, since the beginning of 2019. These countries include; Angola, Burundi, Kenya, Malawi, Mozambique, Tanzania, Somalia, Uganda, Zambia and Zimbabwe. Mozambique accounts for 58.1% (7,034) of the total case load reported this year, followed by Kenya at 23% (2,789).

Currently 5 out of the 10 countries with reported cholera / AWD outbreaks in ESAR since week 1 of 2019, have active transmission and they include; Kenya, Somalia, Tanzania, Mozambique and Zambia and . During the week under review, Kenya reported the highest number of new cases (188 cases including 2 deaths), followed by Somalia (133 cases) and Tanzania (115 cases including 1 death). Of the countries with active transmission, overall Zambia has recorded the highest Case Fatality Rates (CFR) in 2019 at 2.4%.

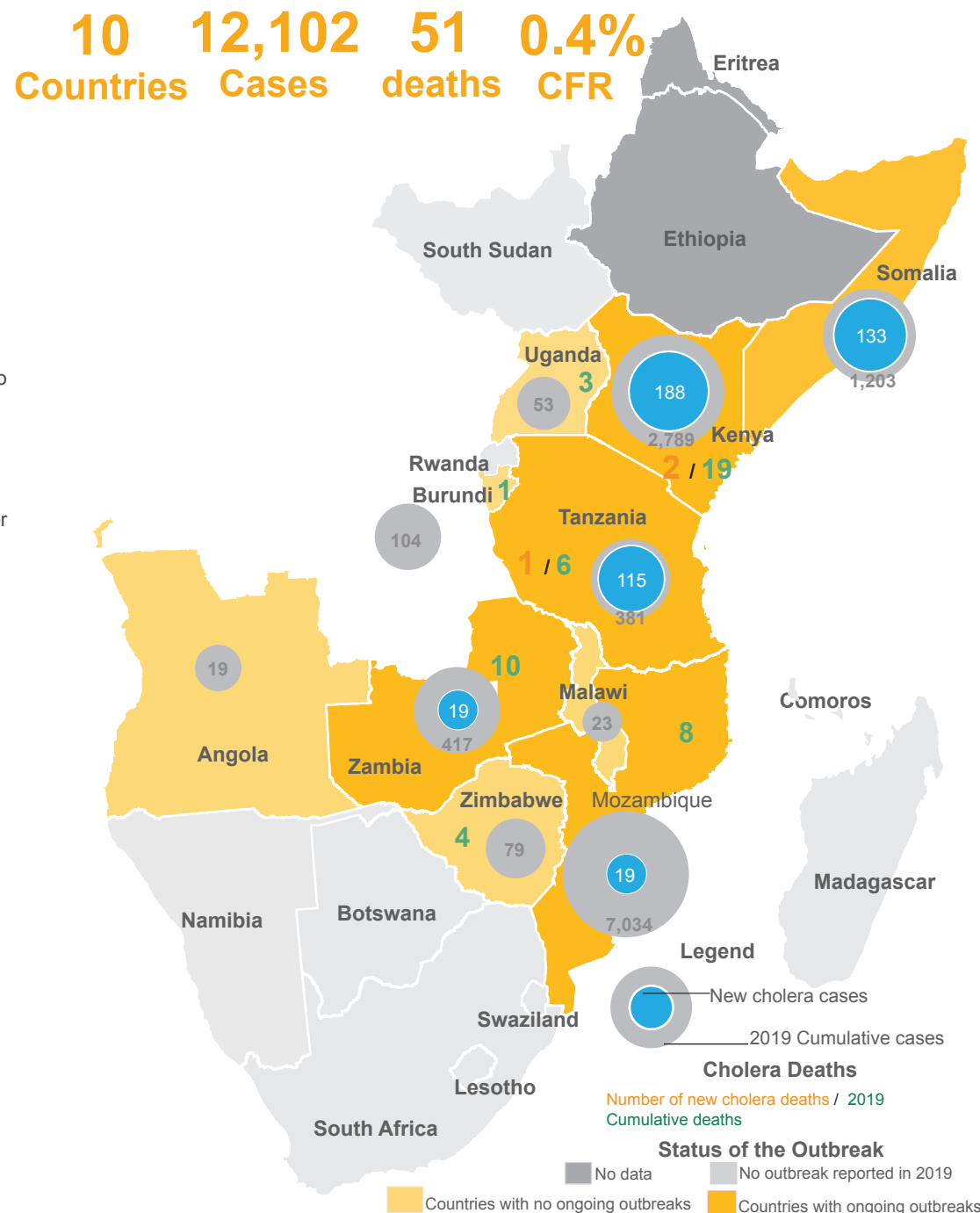
Kenya: An increase in the epidemic trend has been noted over the last 9 weeks (from epidemiological week 15 to 23), with an average weekly incidence of 174 cases. For instance, during week 23 (week ending 9 June 2019), 188 new cases including 2 deaths (CFR, 1.1%) were reported compared to 284 cases including 3 deaths (CFR, 1.1%) reported in week 22 (week ending 2 June 2019). New cases emerged from the following three Counties: Garissa (103), Nairobi (76) and Kajiado (9). Cumulatively, since January 2019, a total of 2,789 cases including 19 deaths (CFR, 0.7%) have been reported from nine Counties (Narok, Kajiado, Nairobi, Garissa, Mandera, Machakos, Embu, Wajir and Mombasa). High risk areas are characterized by unavailability of potable water, poor sanitation and hygiene practices and the situation is likely to be exacerbated in view of the current long rains.

Somalia: The outbreak has been on an increasing trend in the month of May 2019, from 47 cases in epidemiological week 18 (week ending 5 May 2019) to 133 cases in epidemiological week 22. All new cases reported in week 22 (133 cases) emerged from Banadir region. Cumulatively a total of 1,203 cases with no deaths have been reported since the beginning of 2019. Children under five years bear the brunt of the cholera outbreak, representing 77% of the total case load reported in week 22. Overall (from week 1 to 22, 2019), the most affected districts in Banadir include; Hodan (137; AR 0.1), Madina (135; AR 0.2) and Daynile (125; AR 0.21).

Tanzania: A new outbreak started in Dar es Salaam city during epidemiological week 21 (week ending 26 May 2019). Since then a total of 165 cases including 2 deaths (CFR, 1%) have been reported in this city, as of 13 June 2019. Cumulatively, a total of 33,702 cases including 556 deaths were reported in the United Republic of Tanzania since August 2015.

Mozambique: The cholera outbreak is on a downward trend following the effective cholera vaccination campaign. During week 22, 19 new cases were reported compared to 39 cases reported in week 21. This raises the total number of cholera cases reported since the declaration of the cholera outbreak on 27 March 2019 to 7,034 including 8 deaths (CFR, 0.1%). These cumulative number includes; 6,768 cases and eight deaths reported from the Cyclone Idai affected districts (Beira, Buzi, Dondo and Nhamatanda) in Sofala Province; and 266 cases reported from Cyclone Kenneth affected districts (Metuge, Mecufi and Pemba city) in Cabo Delgado province. A decrease in the number of sites reporting cholera outbreaks has been noted. Out of 3 sites (Pemba, Mecufi and Metuge districts) with reported cholera outbreaks in Cabo Delgado, Mecufi did not report new cases in week 22. In Sofala, out of 4 sites (Beira, Dondo, Buzi and Nhamatanda districts) with reported cholera outbreaks, only Nhamatanda district reported new cases in week 22.

Zambia: A decline in the epidemic trend has been noted in the last two weeks. During week 22, 19 new cases were reported compared to 56 cases reported in week 21. All new cases emerged from Northern province. Cumulatively a total of 417 cases including 10 deaths have been reported since the beginning of 2019.



Country Priorities and Response Interventions

Country Priorities

Response Interventions

Zambia

- Heighten surveillance activities; contact tracing and prophylaxis of the contacts, active case search and water quality surveillance
- Increase access to WASH services in affected areas
- Water quality monitoring and surveillance
- Hygiene promotion / mobilisation for improved behavioural practices

- UNICEF supported the MoH to procure 136, 840 OCV doses and offered technical support to plan the campaign to administer the vaccine in Mpulungu district. The OCV campaign started on 22 May 2019 and as of 12 June 2019, 89% of the targeted population of 130,743 had been vaccinated and the campaign is on-going.
- UNICEF provided assorted WASH supplies and consumables including chlorine (liquid and granular) for water treatment and general disinfection purposes for approximately 163,000 people in Nsama and Mpulungu (Northern Province)
- Through UNICEF support, the Zambia Red Cross Society (ZRCS) is currently undertaking hygiene promotion/community sensitization interventions targeting approximately 40,000 people in Mpulungu
- As part of resilience building within Nsama, UNICEF in partnership with World Vision Zambia is currently undertaking the rehabilitation of 14 boreholes, and separately, through partnership with Government of the Republic of Zambia (GRZ), is in the process of implementing sanitation and hygiene interventions
- As part of support to GRZ, UNICEF and World Vision have prioritized to undertake a WASH sector rapid assessment in Mpulungu this month (June 2019), whose findings will inform medium to longer term WASH response actions

Kenya

- Carry out the following measures in affected counties:
 - Sustain risk communication in the affected communities
 - Heighten surveillance activities; contact tracing and prophylaxis of the contacts, active case search and water quality surveillance
 - Continue with house hold water treatment
- Put in place requisite preventive measures in high-risk counties including water quality surveillance, hygiene promotion, enforcement of the relevant Public Health Laws and capacity building of all sectors on multisectoral cholera control
- Provide logistical support for the national Emergency Preparedness and Response officers to give technical support to county teams

- The national government in conjunction with implementing partners continue to support affected counties with cholera supplies (Cholera beds, water treatment chemicals, oral rehydration salts, antibiotics, intravenous fluids, water quality test kits, personal protective equipment and spray pumps)
- Cholera treatment centers have been operationalized in the affected areas to support timely treatment of cases and minimize further spread of the disease
- County health promotion teams are conducting health education through; health talks; distribution of IEC materials and meetings with local hospitality business owners
- County health departments are conducting contact tracing in households and workplaces, continuous line-listing of cases, and screening via rapid diagnostic test kits and providing chemoprophylaxis to the contacts to limit spread and curtail the outbreak
- Households with affected cases are being disinfected
- Ongoing water sanitation and hygiene activities including distribution of chlorine tablets for household water treatment
- The National Public Health Laboratories (NPHL) continue to support case detection by supply of RDTs to counties and case confirmation by culture and sensitivity testing at national level

Mozambique

- Ensure WASH intervention particularly in resettlement sites and areas previously affected by flood
- Ensure social mobilization and communication for cholera prevention and control
- Strengthen facility level and community level disease surveillance system and response (IDSR)
- Plan and conduct second round of OCV campaign in Sofala and Cabo Delgado
- Enhance coordination of interventions

a) Disease surveillance

- EWARS has been established and with daily reporting with support of WHO

b) Case Management

- 3 CTCs were established in the following areas: In Pemba, a CTC with 45-bed capacity was established at Eduardo Mondlane Health Center; In Mecufi district a 16-bed capacity CTC was established; and in Metuge district a 20-bed capacity CTC was established
- AWD kits were provided by UNICEF

c) WASH

- 10,000 bottles of water purification solution CERTEZA were distributed at household level in most affected neighbourhoods

d) Social mobilization

- Community volunteers were trained to conduct social mobilization
- Behavior change through radio debates was conducted
- Multimedia mobile units were organized and disseminated information on cholera prevention and OCV

Country Priorities and Response Interventions

Country Priorities

Response Interventions

Malawi

- Building the capacity of local District Health Officers on surveillance
- Prepositioning of supplies for cholera response
- More health supplies for regular programing are needed to be provided to flood affected districts, as they have depleted their stocks while responding to emergency mobile clinics
- Provide OCV doses for planned OCV campaign in targeted districts affected by the cholera outbreak

- Currently, the focus of mobile teams has shifted to host communities and hard to reach places where people are returning from IDP camps. All interventions will go on until end of June 2019, when the mobile teams will be phased out

Tanzania

- Deliver clean and safe water in areas affected by cholera
- Provide chlorine for bulky/general water treatment before distribution to communities
- Follow up closely with communities on construction of toilets in the affected areas and ensure adherence to by-laws
- Capacity building of medical personnel on proper handling of cholera cases
- Increase the number of various cadres of health personnel (from the community level to higher levels of the health system) in affected areas
- Delivery of clean and safe water in areas affected by cholera

- 355 wards were visited in Tanga region and each provided with Chlorine tabs for water treatment. Environmental inspection was conducted together with close follow-up on new cases and contact tracing
- Ongoing social mobilization on cholera prevention and control in Tanga city through Radio and Television
- Ongoing water sampling, laboratory testing and disinfection of water wells used by the community from the affected areas

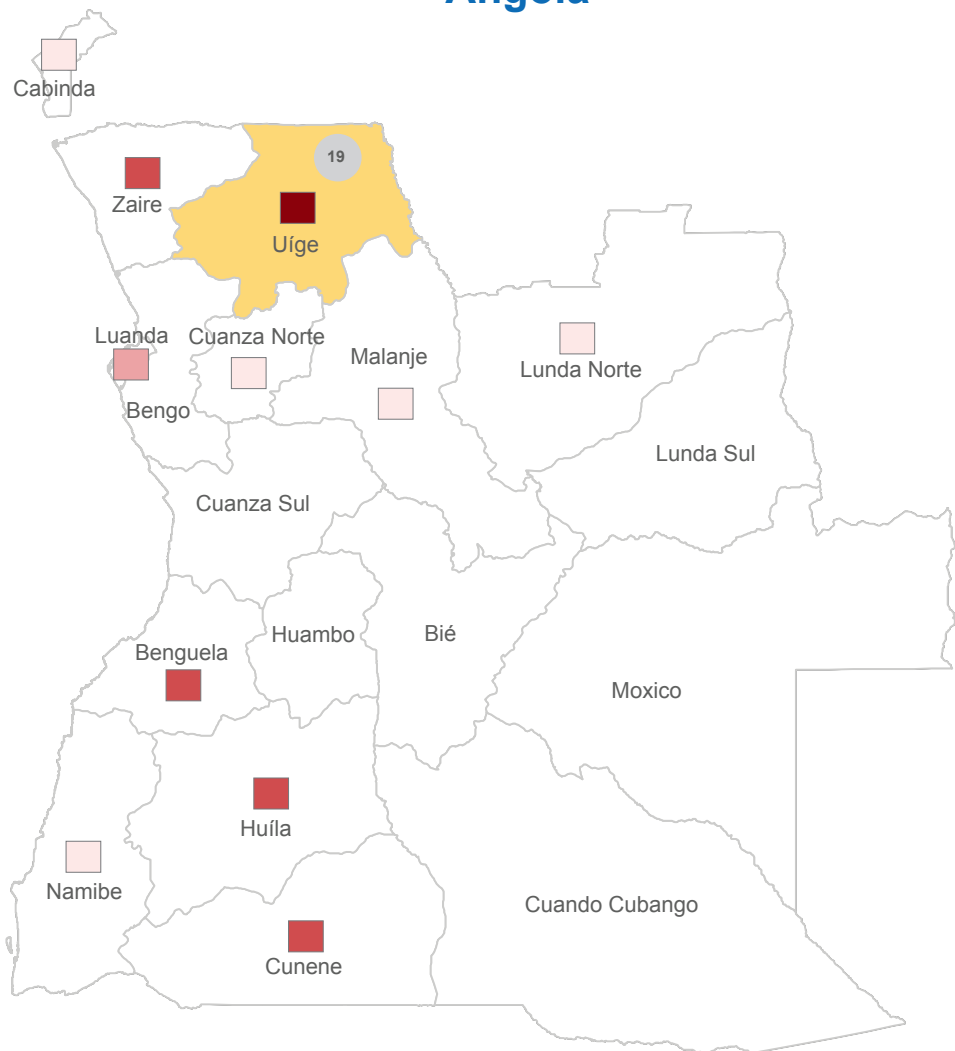
Somalia

- Priority area for response is Banadir, in particular the districts of Medina, Daynile, Dharkenley and Hodan
- Provide adequate supplies for the treatment of affected patients to Banadir hospital

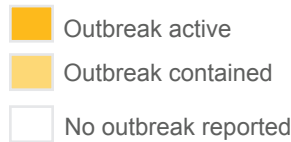
- UNICEF is supporting the construction of a new CTC within Banadir hospital
- UNICEF provided essential supplies for AWD patients, including ORS for the treatment of up to 5,600 people

Annex 1a: An Overlay of Cholera Cases and Hotspots (Angola & Zambia)

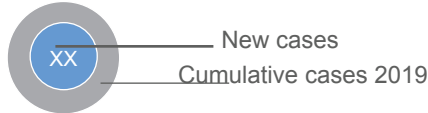
Angola



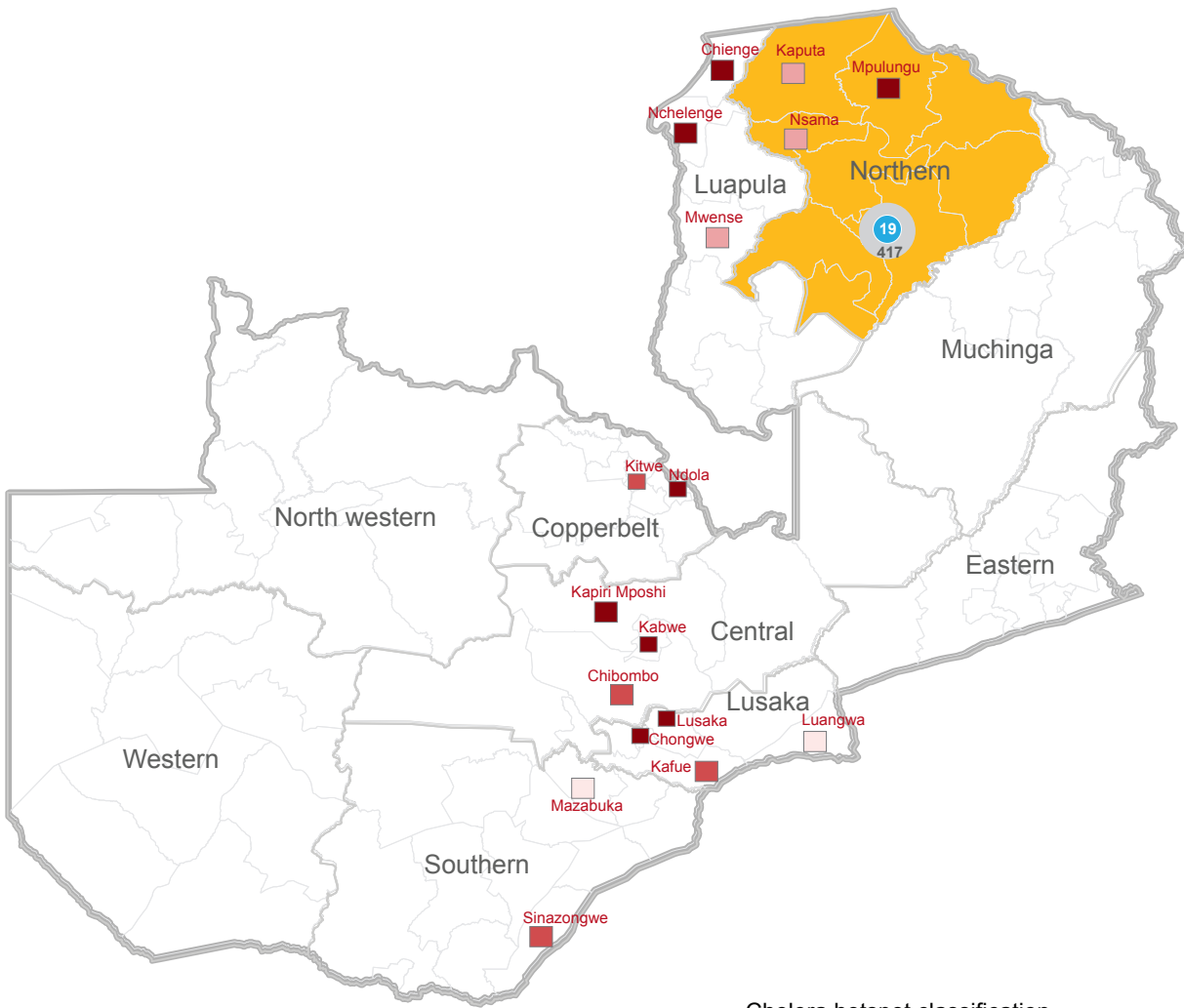
Status of cholera outbreak



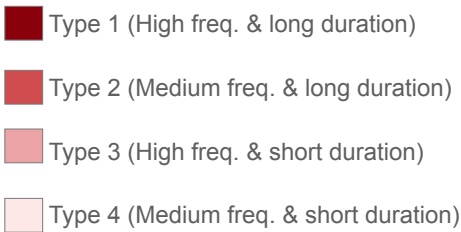
Cholera / AWD Cases



Zambia



Cholera hotspot classification

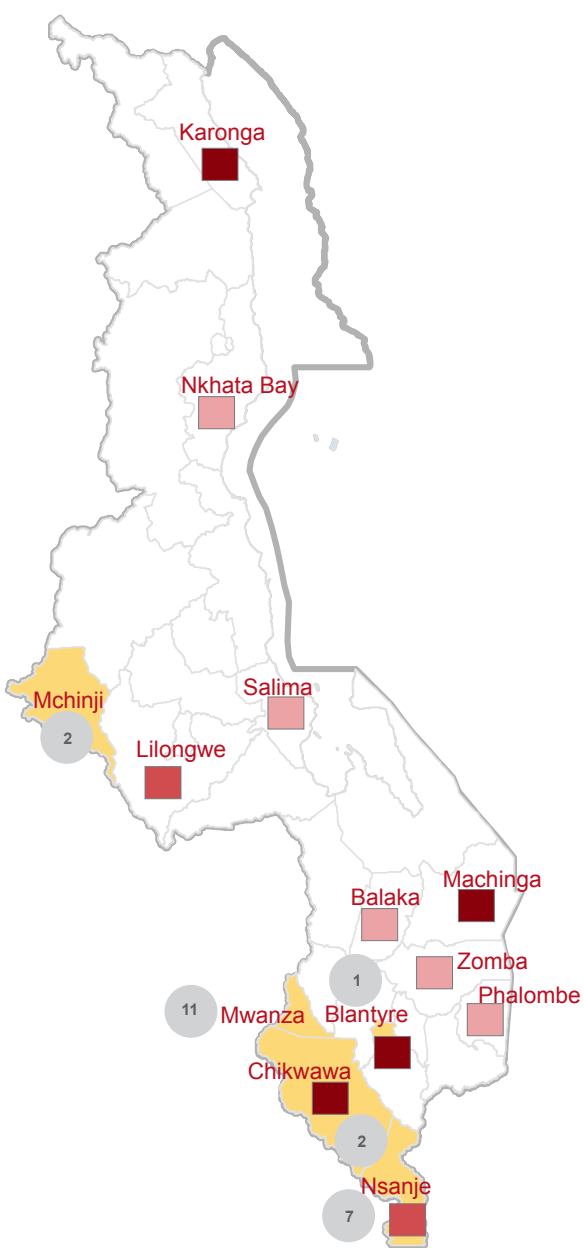


XX: Admin 1 Level (Province)

XX: Admin 2 Level (District)

Annex 1b: An Overlay of Cholera Cases and Hotspots (Zimbabwe and Malawi)

Malawi



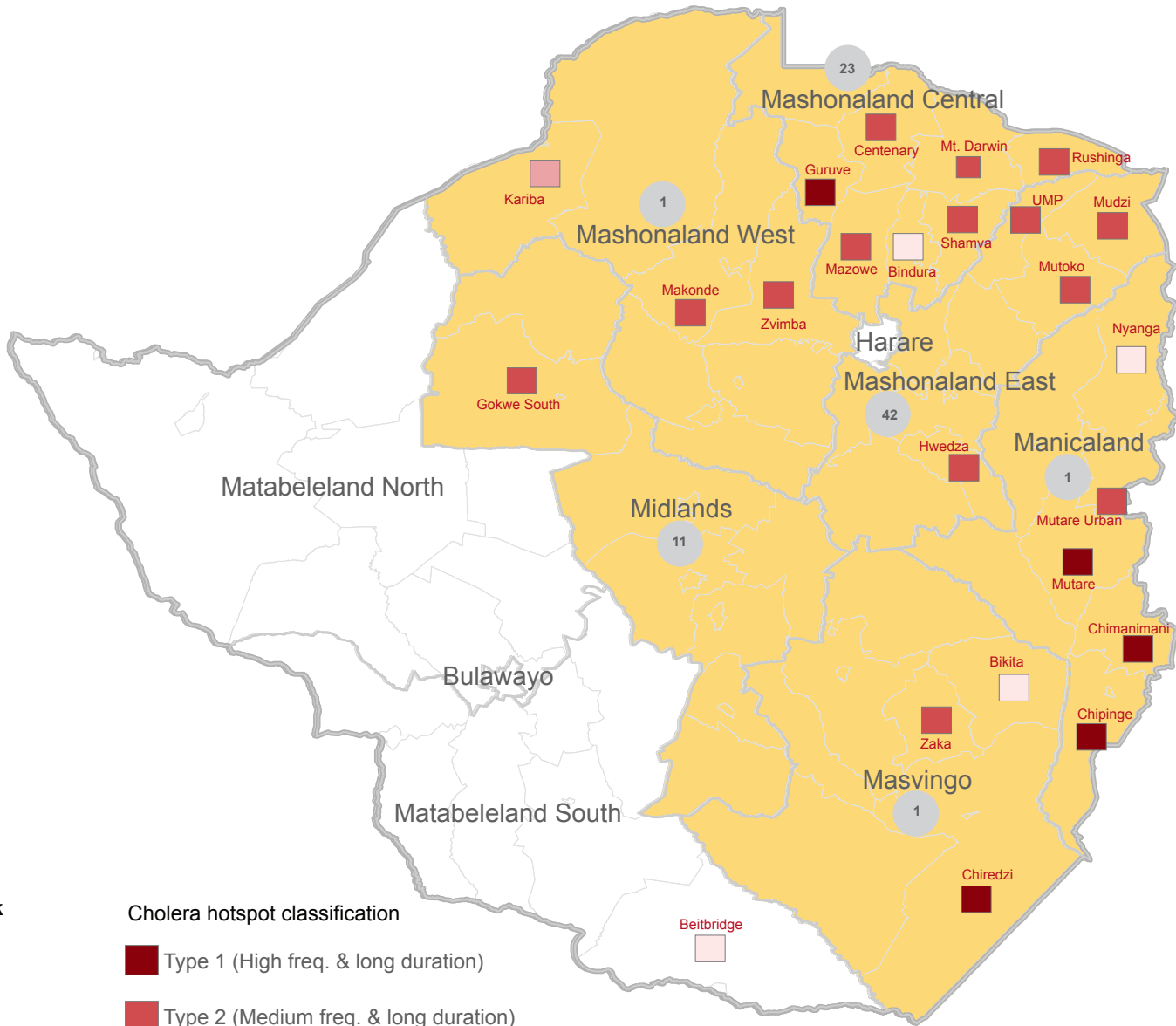
Status of cholera outbreak

- Outbreak active
- Outbreak contained
- No outbreak reported

Cholera / AWD Cases

XX: New cases
XX: Cumulative cases 2019

Zimbabwe



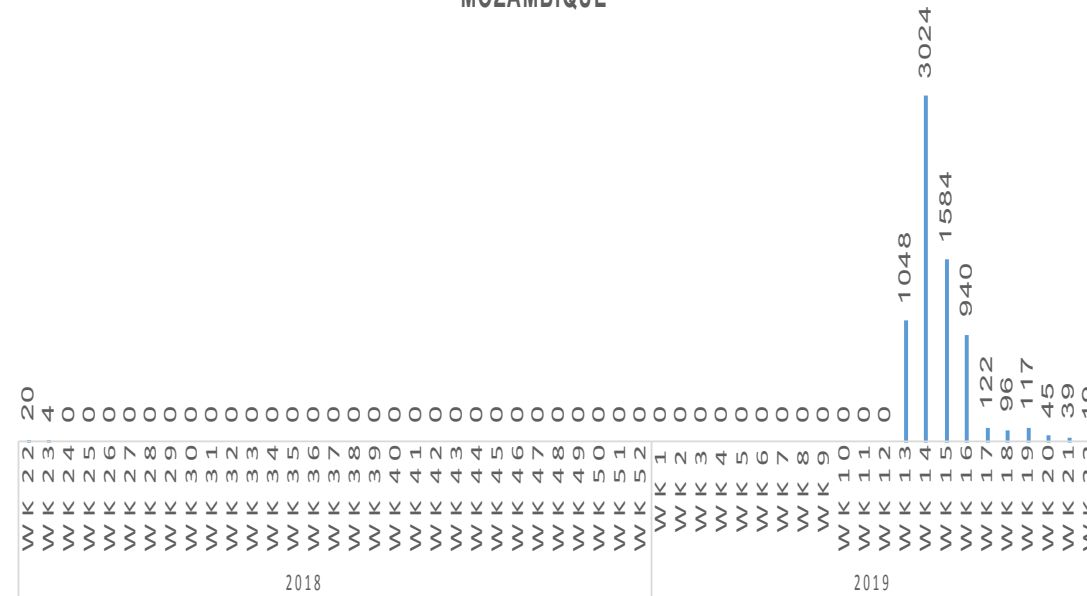
Cholera hotspot classification

- Type 1 (High freq. & long duration)
- Type 2 (Medium freq. & long duration)
- Type 3 (High freq. & short duration)
- Type 4 (Medium freq. & short duration)

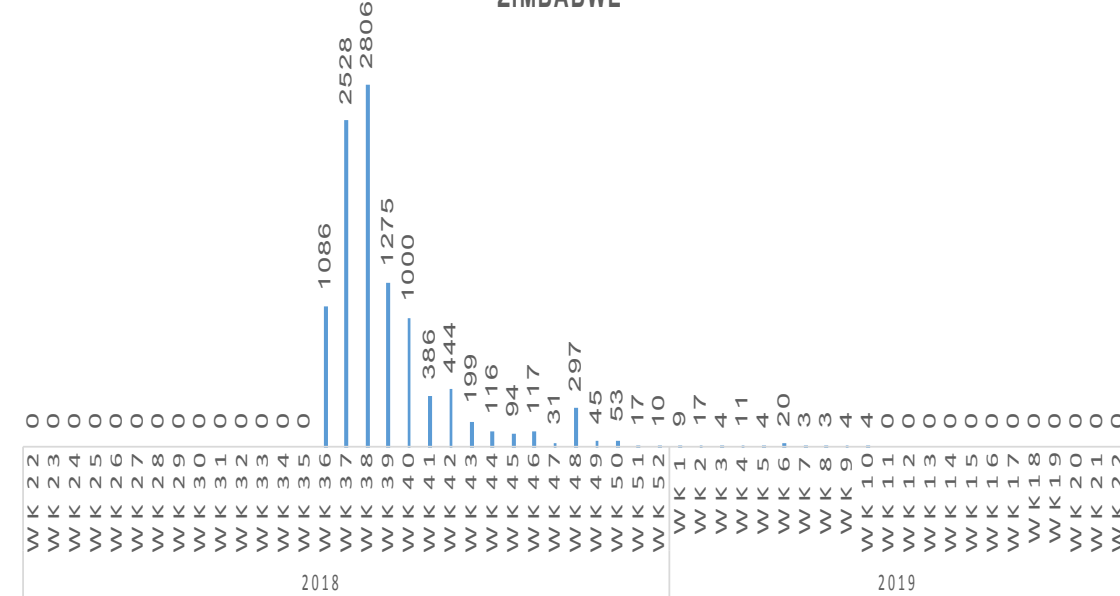
XX: Admin 1 Level (Province)
XX: Admin 2 Level (District)

Annex 2a: Epi Curves for Countries with Reported Cholera Outbreaks in 2019

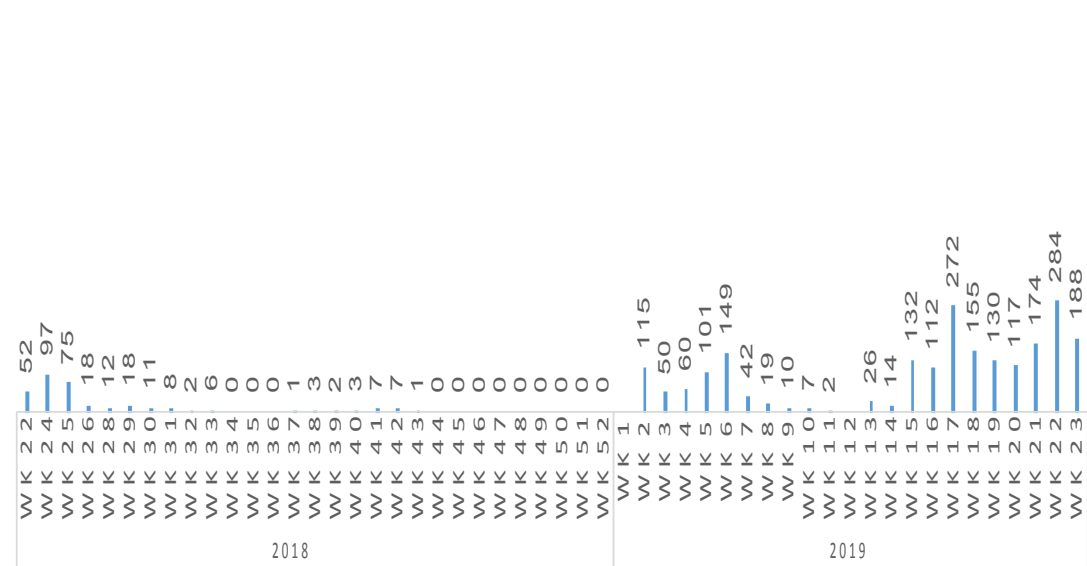
MOZAMBIQUE



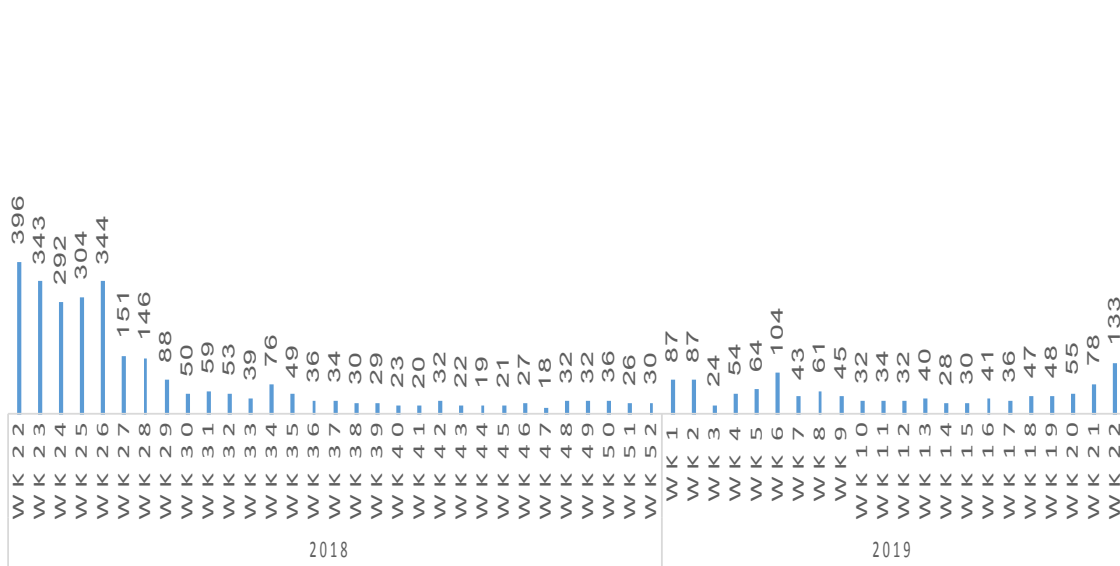
ZIMBABWE



KENYA

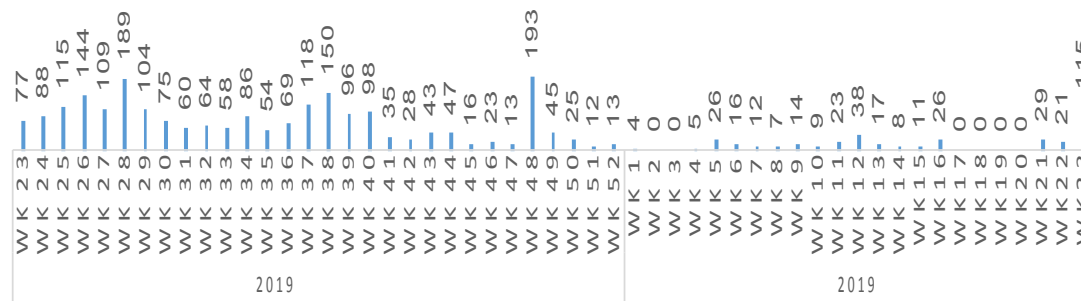


SOMALIA

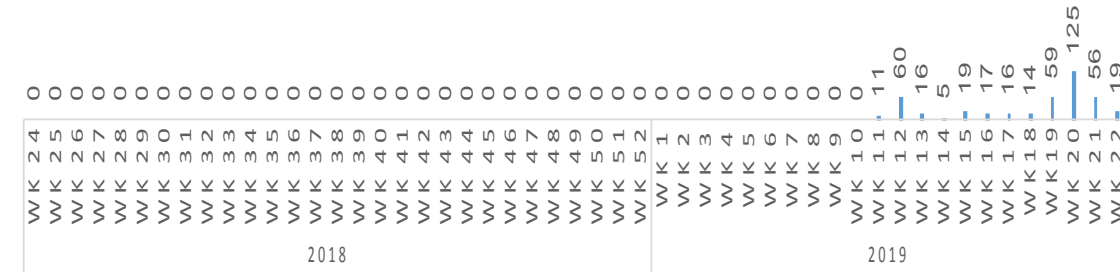


Annex 2b: Epi Curves for Countries with Reported Cholera Outbreaks in 2019

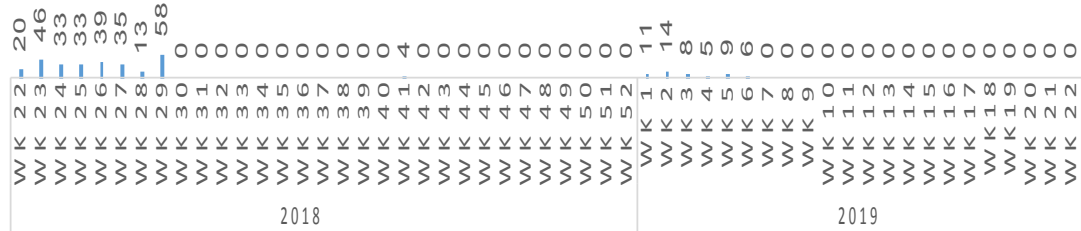
TANZANIA



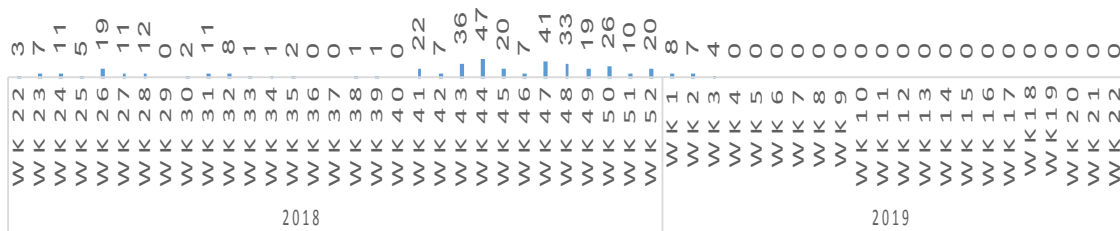
ZAMBIA



UGANDA



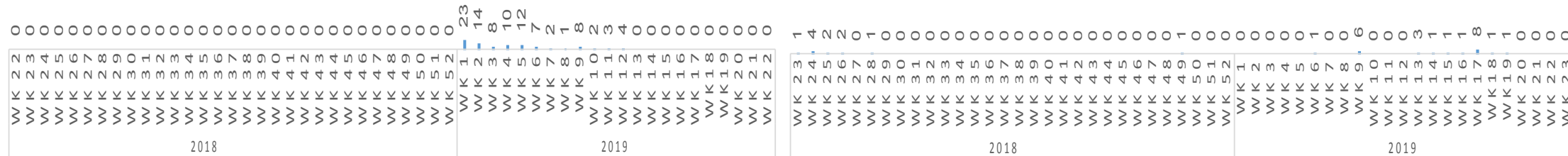
ANGOLA



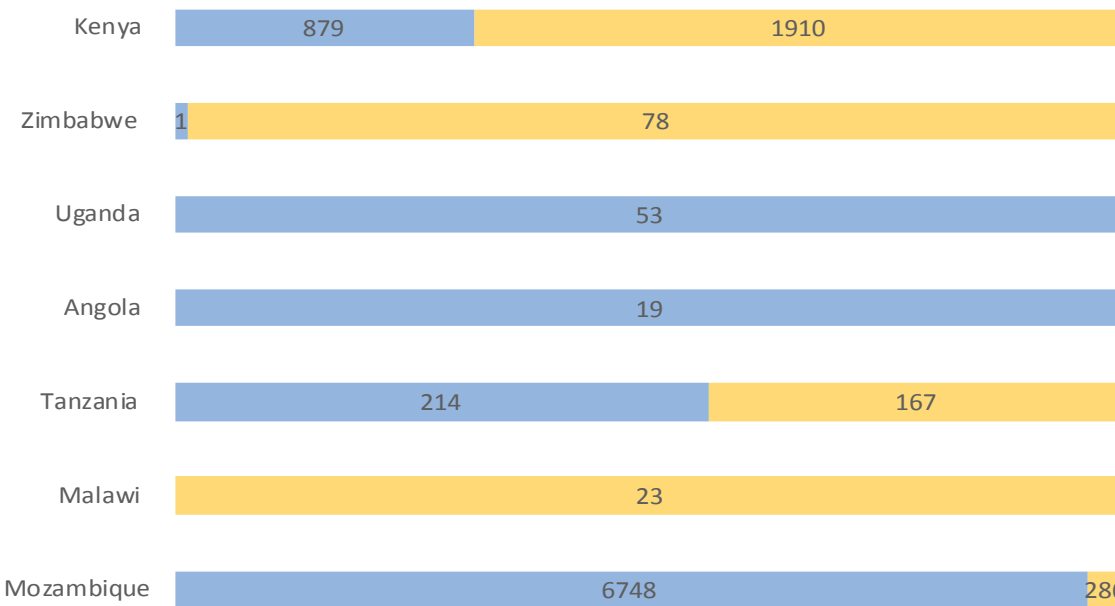
Annex 2C: Epi Curves for Countries with Reported Cholera Outbreaks in 2019

BURUNDI

MALAWI



Urban - Rural Distribution of Cholera Cases



Overall (as of 15 June 2019), more cholera cases emerge from urban areas (76.3%; 7,914) as compared to rural areas (23.7%; 2,464). This is according to an analysis of cholera cases reported since the beginning of 2019 from seven countries (Angola, Kenya, Malawi, Mozambique, Tanzania, Uganda and Zimbabwe). Of the total number of cases reported in urban areas (7,914), Mozambique accounts for the majority (85.3%; 6,748), followed by Kenya (11.1%; 879), Tanzania (2.7%; 214), Uganda (0.7%; 53), Angola (0.2%; 19), and Zimbabwe (0.01%; 1). All cases reported in Uganda (53) and Angola (19) emerged from urban areas. Apart from Mozambique, Tanzania, Uganda and Angola; collectively, the remaining three countries (Kenya, Zimbabwe and Malawi) have more cholera cases emerging from rural areas (69.6%; 2,011) as compared to urban areas (30.4%; 880).

These high number of cholera cases in urban areas highlights the importance and urgency to be better prepare for cholera response in cities and urban centres. Within the framework of the WASH cholera 5-tiered strategy developed by MSF and endorsed by the GTFCC WASH WG, the role of the Rapid Response Team (RRT) is critical in delivering a targeted and rapid response to cholera alerts. It consists in #1: a complete WASH package of immediate interventions at the household of the suspected case or infected person, ideally the same day of the case admission at a CTC; #2: a complete WASH package of interventions for the neighborhood around the suspected or actual cholera case, in line with the "ring strategy" of the 5-tiered approach.

A presentation by the GTFCC WASH WG on the 28th of May also highlighted the efficiency and effectiveness of the RRT in urban settings of Port-au-Prince (Haiti), Harare (Zimbabwe) and more recently in Beira (Mozambique)- specifically the Case-Area Targeted Interventions (CATI approach) implemented by the RRT. A link to the presentation is available here: <http://plateformecholera.info/attachments/article/857/RRT%20Webinar%20WCARO-ESARO-EN.ppt>

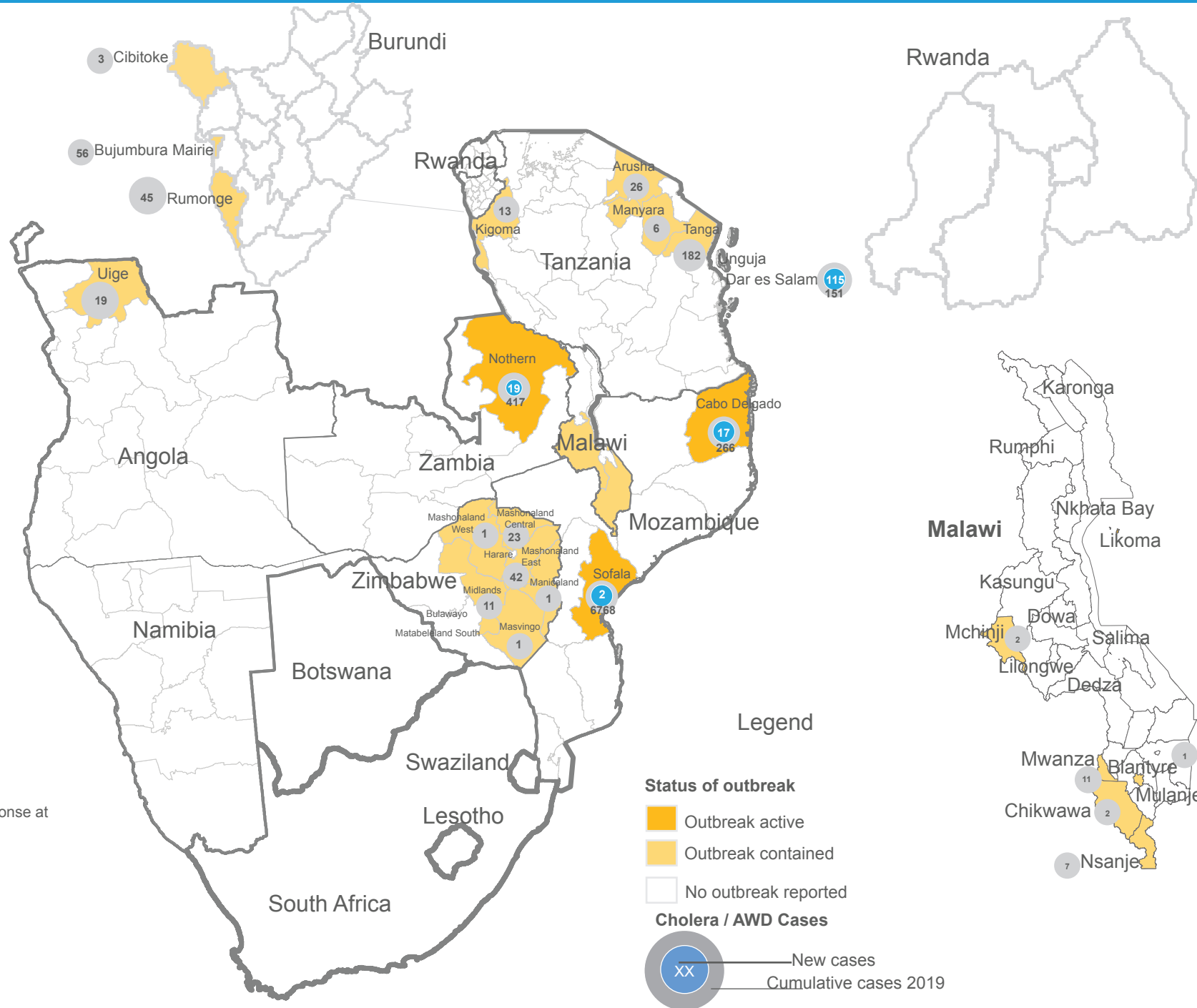
The RRT approach is also very well illustrated and explained in the following video produced by UNICEF Haiti: https://www.youtube.com/watch?v=8nVoCS21I_U

■ Number of Cases Reported in Urban Areas

■ Number of Cases Reported in Rural Areas

Annex 3: Distribution of Cholera / AWD outbreaks in Southern Africa and Challenges in Response - as from 1 of January 2019

- Challenges: Zambia**
- Inadequate access to safe, reliable water supply, and sanitation facilities within affected districts
 - Poor hygiene practices
 - Poor access to some of the affected communities
- Challenges: Mozambique**
- Inadequate water supply, treatment and sanitation in affected areas
 - Most health facilities were destroyed as a result of the cyclone, and are currently being rehabilitated to meet minimal package of services
- Challenges: Tanzania**
- There are limited number of staff to support in the response at all levels (case management at CTCs and prevention)
 - Cultural practices/rituals that promote the transmission of cholera



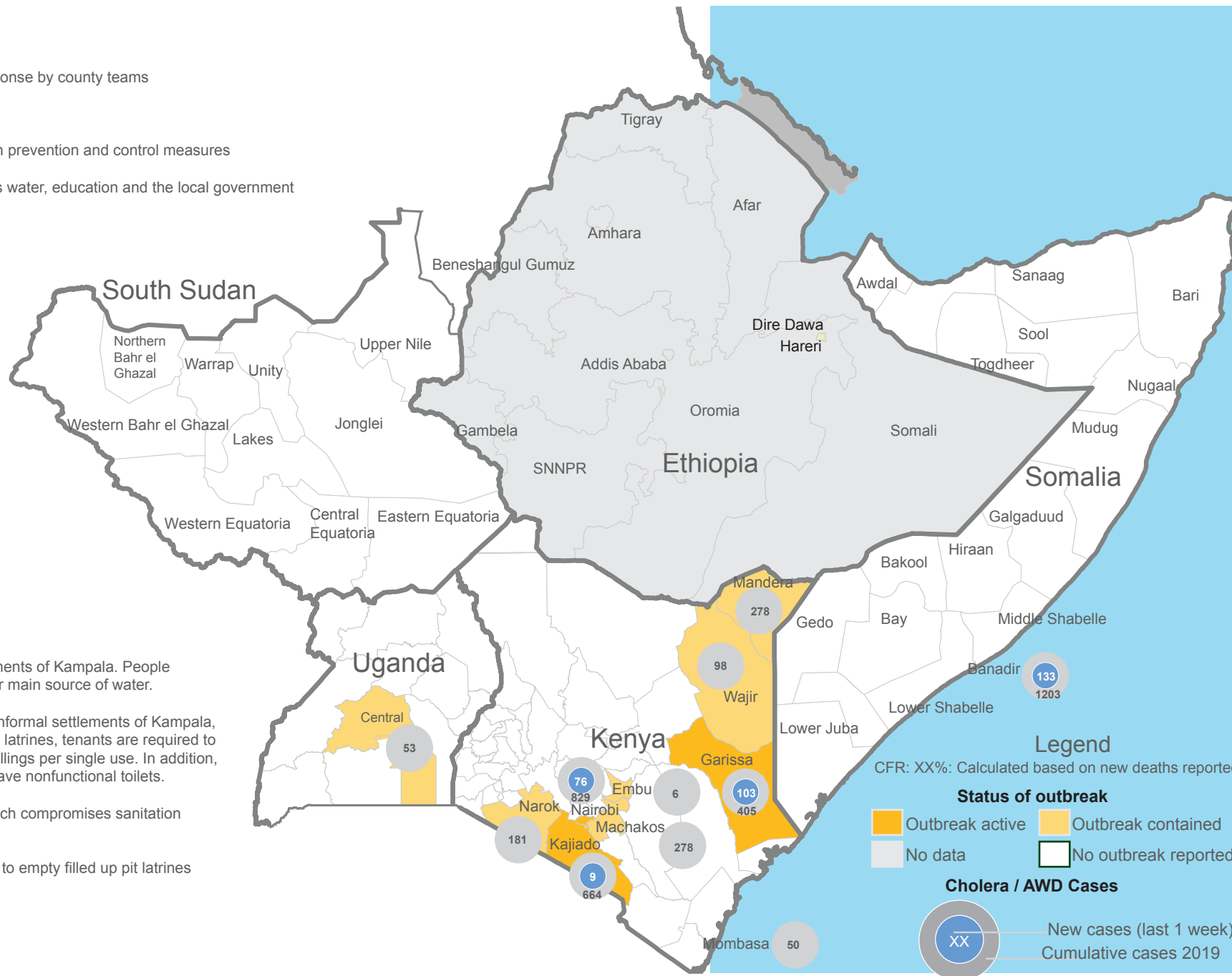
Annex 4: Distribution of Cholera and AWD Outbreaks in the Horn of Africa and Challenges in Response - as from 1 of January 2019

Kenya: Challenges

- Limited resources for surveillance and rapid response by county teams
- Limited resources for community engagement
- Poor case management and inadequate infection prevention and control measures
- Inadequate engagement of other sectors such as water, education and the local government
- Weak enforcement of public health laws

Uganda: Challenges

- Low access to clean water in the informal settlements of Kampala. People continue to use contaminated water wells as their main source of water.
- Lack of proper excreta disposal mechanisms in informal settlements of Kampala, most of the rented one-roomed house don't have latrines, tenants are required to pay for toilet facilities at a rate of 200 Uganda shillings per single use. In addition, some communities either lack toilet facilities or have nonfunctional toilets.
- Poor drainage system in informal settlement, which compromises sanitation conditions
- Expensive private cesspool empties and gulpers to empty filled up pit latrines



Annex 5: Weekly Reported Cholera / AWD Cases and Deaths in 2019, for Countries in Eastern and Southern Africa Region

Country	Week 21		Week 22		Week 23		2019 Cumulative			2018 Cumulative			2017 Cumulative			Cumulative since the beginning of the outbreak			Beginning of Outbreaks	Status of the outbreak
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)		
Mozambique	39	0	19	0			7034	8	0.1	863	3	0.3	3,274	5	0.2	7,034	8	0.1	Mar-19	Active
Kenya	174	0	284	3	188	2	2789	19	0.7	5,782	78	1.3	4129	76	1.8	2,789	19	0.7	Jan-19	Active
Somalia	78	0	133	0			1203	0	0	6,447	45	0.7	78,596	1118	1.4	1203	0	0.0	Jan-19	Active
Zambia	56	0	19	0			417	10	3.0	4,127	55	1.3	747	18	2.4	417	10	3.0	Mar-19	Active
Tanzania	29	1	21	0	115	1	381	6	1.9	4,688	84	1.8	4,276	76	1.8	33,702	556	1.7	Aug-15	Active
Burundi	0	0	0	0			104	1	1.0	102	1	1.0	330	0	0.0	206	2	0.97	Dec-18	Controlled
Zimbabwe	0	0	0	0			79	4	5.1	10,807	71	0.7	6	3	50.0	10,730	69	0.6	Sep-18	Controlled
Uganda	0	0	0	0			53	3	5.7	2,699	60	2.2	253	2	2.0	53	3	5.7	Dec-18	Controlled
Angola	0	0	0	0			19	0	0	1262	18	1.4	389	19	4.9	331	3	0.9	Sep-18	Controlled
Malawi	1	0	0	0			23	0	0	0	0	0.0	0	0	0.0	23	0	0.0	Feb-19	Controlled
Rwanda	0	0	0	0			0	0	0	3	0	0.0	5	0	0.0	3	0	0.0	Jan-18	Controlled
South Sudan	0	0	0	0			0	0	0	0	0	0.0	17,285	387	2.2					
Namibia																				
Madagascar																				
Comoros																				
Swaziland																				
Botswana																				
Eritrea																				
Lesotho																				
South Africa																				
TOTAL							12,102	51	0.4	37,565	443	1.2	109,445	1709	1.6	56,491	670	1.2		

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