

Bulletin: Cholera/ AWD Outbreaks in Eastern and Southern Africa

Regional Update - as at 31 August 2017



Highlights

More than 100,780 cholera / AWD cases and 1496 deaths (CFR: 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; Somalia, Kenya, South Sudan, Tanzania, Burundi, Malawi, Zimbabwe, Mozambique, Angola, Uganda, Zambia and Rwanda. Somalia accounts for 76.6% of the total cases reported in the outbreak in 2017, followed by South Sudan at 15.7%.

In the past 2/3 weeks (Week 32-34), 6 out of the 21 countries in ESAR have reported active transmission of cholera / AWD (Burundi, Malawi, Somalia, South Sudan, Kenya and Tanzania). Tanzania has recorded the highest CFR (1.8%) followed by South Sudan (1.7%) in 2017. CFR for Somalia was above 2% at the beginning of 2017 but has since dropped to 1.4%.

Somalia: There has been a decrease in the epidemic trend. During week 33 (week ending 20 August 2017), 222 new cases and no deaths were reported in the country; compared to 282 cases reported in week 32. Out of the 222 new cases, 97 were reported from South Central and 125 were from Somali land. Most affected regions are Banadir, Togdheer, Awdal, Mjeex and Lower Jubba.

Kenya: 4 out of the 47 Counties (Garissa, Nairobi, Turkana and Nakuru) have an active cholera outbreak. During week 33, 19 new cases were reported compared to 69 cases in week 32.

South Sudan: Most affected populations are nomadic pastoralists and communities living in hard to reach villages and cattle camps. There has been a decrease in the epidemic trend over the past 3 weeks. During week 32 (Week ending 13th August 2017), 30 new cases were reported; compared to 102 cases including 1 death (CFR 1%) in week 31. Active transmission reported in Kapoeta East, South and North, Tonj East, Yirol East, Nyirol, Ayod, Duk and Juba.

Tanzania: An increase in epidemic trend. During week 34 (Week ending 27th August 2017), 102 new cases have been reported in Tanzanian mainland; compared to 67 cases in week 33. Cases emerged from Mbeya, Iringa and Katavi regions.

Malawi: The current outbreak started within the catchment area of the Chikwawa Hospital. 11 New cases have been reported in week 34; compared to 2 cases reported in week 33.

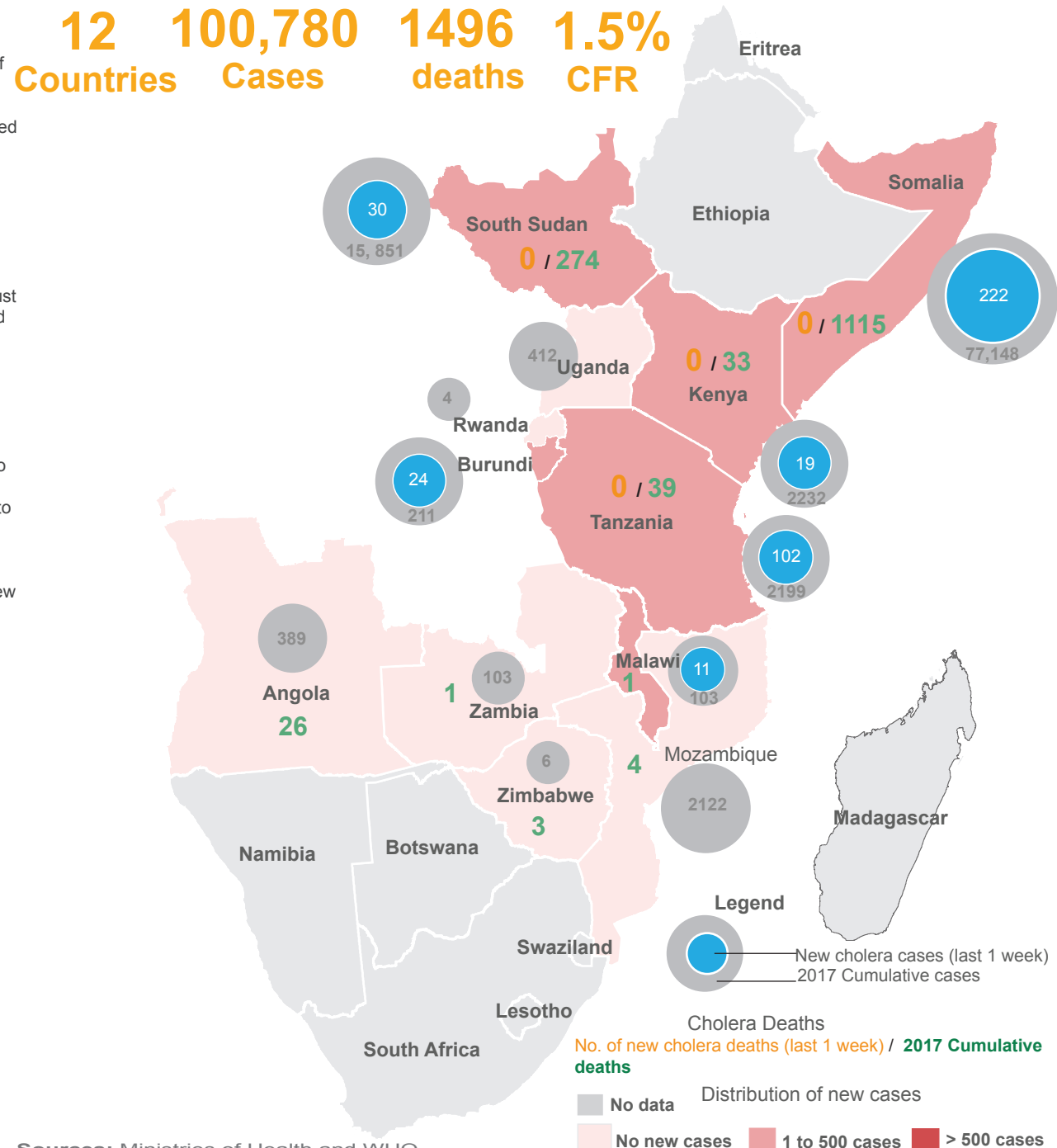
Burundi: The first case of the current outbreak was identified on August 13, 2017 from Democratic Republic of Congo (DRC). Since then there has been an increase in the epidemic trend with 24 cases reported in week 34; as compared to 13 cases reported in week 33. No death has been reported and most of the cases emerged from the city center of Nyanza Lac.

Uganda: No confirmed case of cholera in 2017, only AWD cases reported

Table: Beginning of the outbreaks by Country

Country	Duration	Cumulative no. of cases	Cumulative no. of deaths
Somalia	Mar 16 – Aug 17	92,848	1,663
South Sudan	June 16 – July 17	19,749	355
Kenya	Oct 16 – July 17	2,332	37
Tanzania	2016 – July 17	26,199	411
Burundi	Dec 16 – Jan 17	211	0
Malawi	2016 – June 17	1,895	47
Zimbabwe	2016 – April 17	16	4
Mozambique	Jan 17 – April 17	2,122	4
Angola	Dec 16 – Aug 17	468	26
Zambia	2016 – July 17	1,482	33

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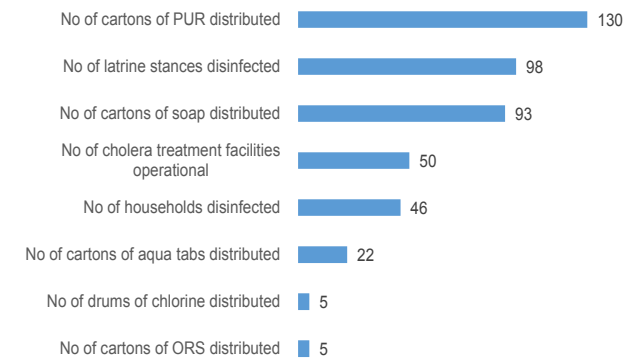
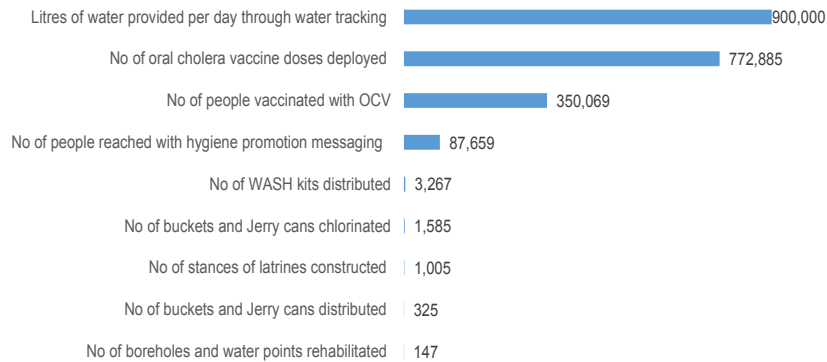
Country Priorities and Response Interventions

Country Priorities

Response Interventions

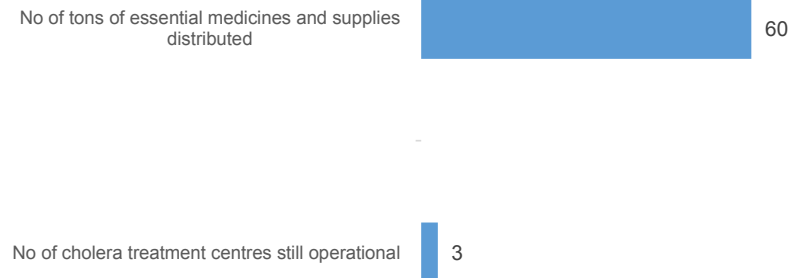
South Sudan

- 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



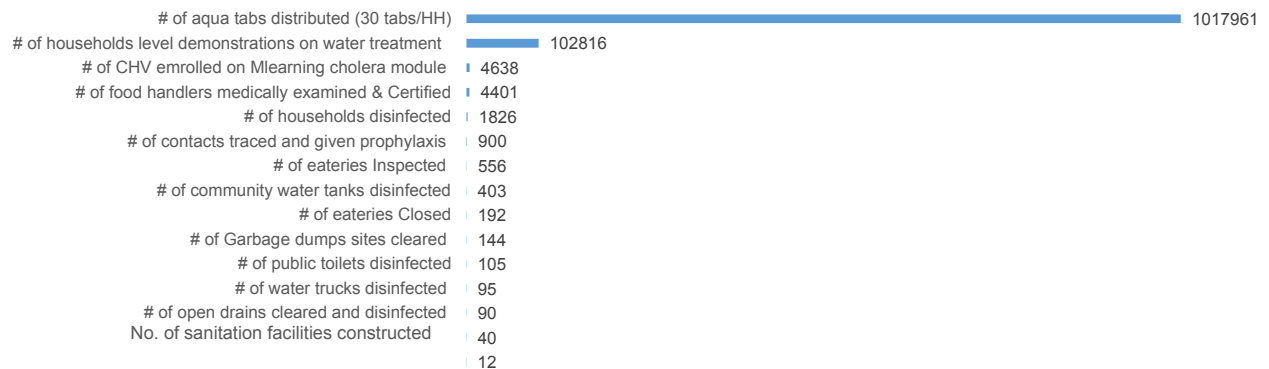
Somalia

- Increase the number of CTCs, CTUs and ORP in affected areas
- 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 active case finding
- 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



Country Priorities and Response Interventions

Country Priorities


Response Interventions


Malawi

- Training, supervision and mentoring of health workers in CTUs
- Maintain adequate stock level of supplies and staff in CTUs
- Orientation of health workers and district Teams (DHMTs) on data management
- Ensure quality case management in CTUs
- Conduct mass hygiene promotion and cholera prevention campaign
- Conduct Oral Cholera Vaccine (OCV) Immunization in hot spot areas
- 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

No. of kgs of HTH chlorine powder available  200

No of portable latrine stances available  200

No of assorted water containers available  100

No. of cartons of water guard available  90

No of cartons of Laundry soap available  10

Tanzania

- Advocacy and partnerships for resource mobilization
- Capacity building of sub-national partners on WASH related aspects of cholera planning and management
- Provision of critical supplies like chlorine products, ORS and IEC materials in most at risk regions
- Social Mobilisation to prevent and control cholera

Number of bottles of water guards available  800,000

Number of rectal swabs collected for testing  10

Burundi

- Improve case management and water supply

- A water tank with a capacity of 10,000 litres was installed in the (CTC) located near Bukeye Heath center
- Water trucking
- Water supply system in Nyanza Lac center was repaired
- Social mobilization was conducted to prevent cholera

Upcoming Activities

- A planned epidemiological study on cholera hotspots and epidemiological basins in the East and Southern Africa Region (ESAR). The objective of the study is to gain a thorough understanding of the epidemiological information on cholera epidemics in the East and South Africa Region, with an initial focus on Horn of Africa basin (South Sudan, Kenya and Somalia) and the Zambezi Basin (Mozambique, Angola, Malawi, Zambia and Zimbabwe)
- UNICEF, WHO and Government of Zanzibar are planning to develop a Multi-Sectoral Cholera Elimination Plan 2018-2027. The effort will be led by WHO and MoH with UNICEF supporting the community component

Annex 1: Distribution of Cholera/AWD outbreaks in the Horn of Africa - 31 August 2017

Kenya: Challenges

- More sub-optimal coordination in responding to outbreaks
- Limited resources such as water treatment chemicals
- Limited laboratory capacity in some Counties for Cholera confirmation
- Limited capacity in response as majority of the Rapid Response Teams especially at county level are not trained
- Limited resources for health promotion and community engagement
- Insecurity in various parts of the country including; Garissa

Somalia: Challenges

- Insecurity
- Inaccessibility of the most affected areas in Bay, Bakol, Gedo and Lower Shabelle
- Drivers of the current epidemic include limited access to safe water and poor sanitation in IDP settlements in all the affected regions

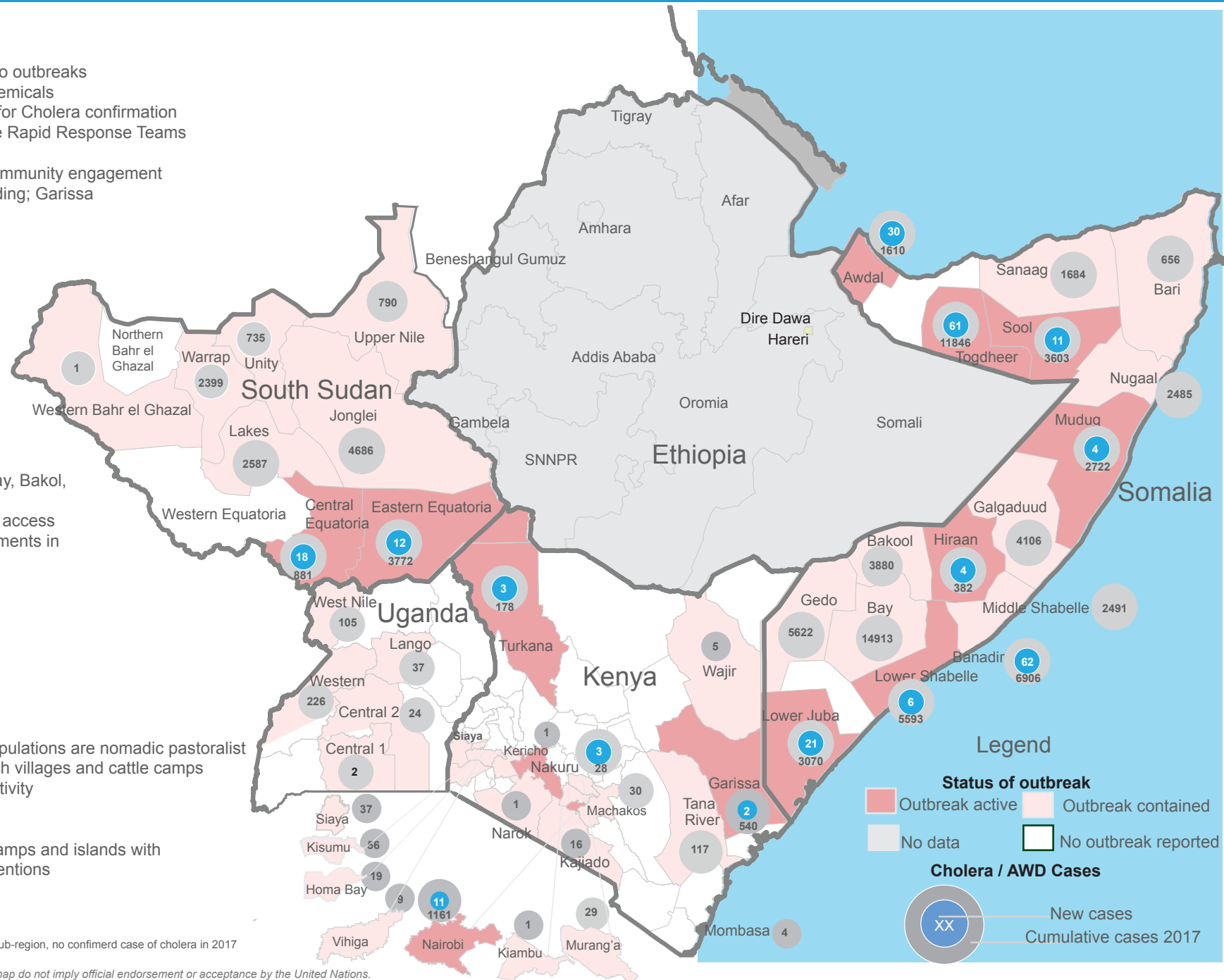
South Sudan: Challenges

- 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
- 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 for Uganda are Acute Watery diarrhoea and are mapped by sub-region, no confirmed case of cholera in 2017

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 - 31 August 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

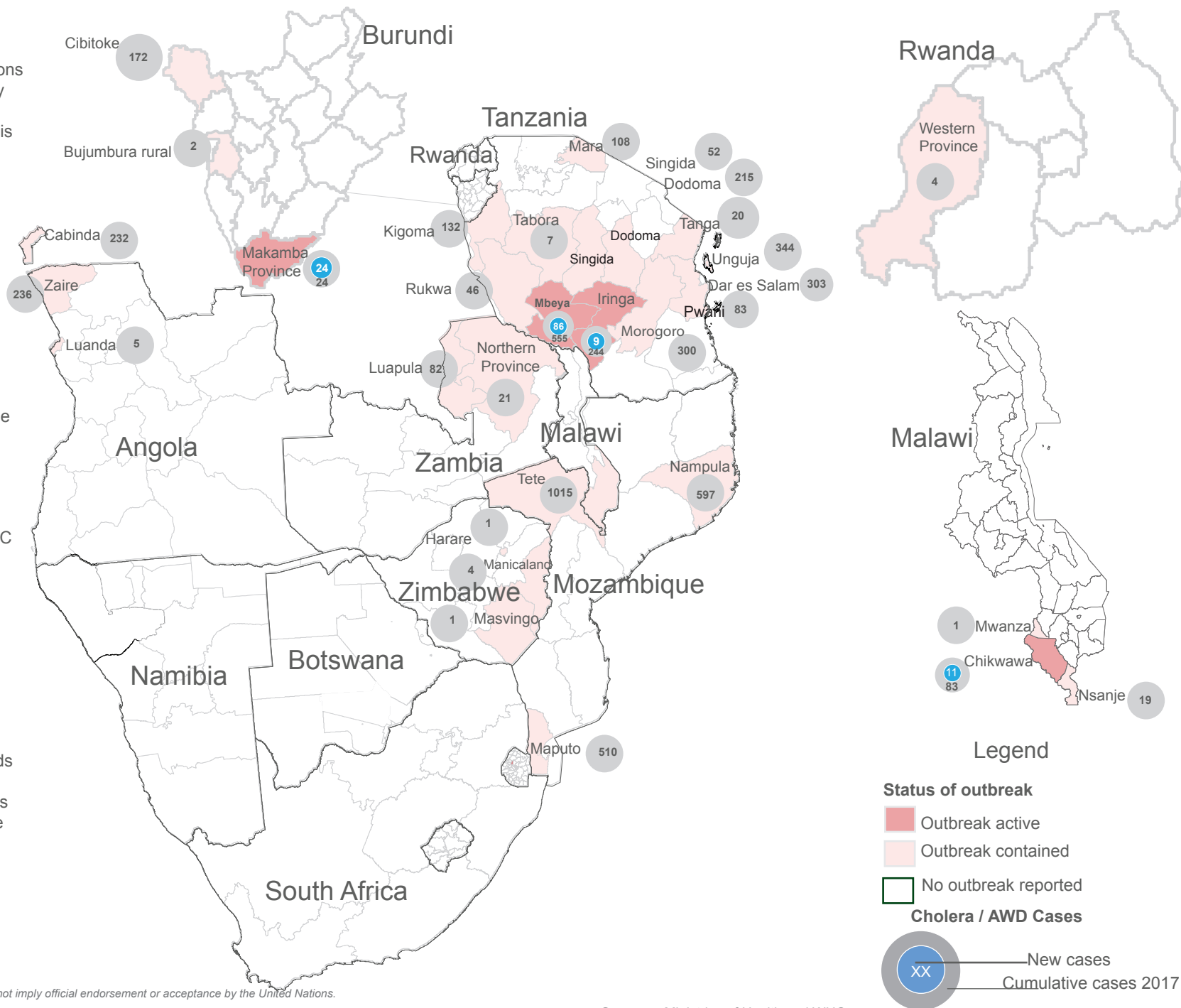
- Cross border movements between Mozambique and Malawi influence the evolution of outbreaks
- Poor access to safe water
- Low sanitation coverage
- Poor hygiene practices especially hand washing with soap at critical times
- Boreholes in Kasisi and Katunga locations are saline

Challenge: Burundi

- Cross border movements between Burundi and DRC
- Low Sanitation coverage
- Insufficient access to safe water in the city centre

Challenges: Tanzania

- Treatment of water by boiling or using aqua tabs is not a common practice to over 80% of households
- Low level of knowledge on control and prevention
- Huge issues on water quality. Water from deep wells and pipelines has tested positive for vibrio cholerae
- Low coverage on improved sanitation facilities and practicing open defecation
- Rampant street food vending in Zanzibar



Annex 3: Distribution of Acute Watery Diarrhea / Cholera in the Horn of Africa (Jan to Aug 2017) and Integrated Food Security Phase Classification for (June - September 2017)

Somalia Country Priorities

- Increasing the number of CTCs, CTUs and ORP, in affected areas
- Increasing access to adequate amounts of safe water and appropriate sanitation
- Conducting cholera vaccinations in hotspot areas
- Using community based integrated emergency response team (IERT) in active case finding
- Adopting standardized case management and infection prevention and control protocols
- Providing integrated training in WASH and health at treatment sites
- Providing adequate amounts of infection control materials at treatment sites
- Targeted regular water quality testing
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South Sudan Country Priorities

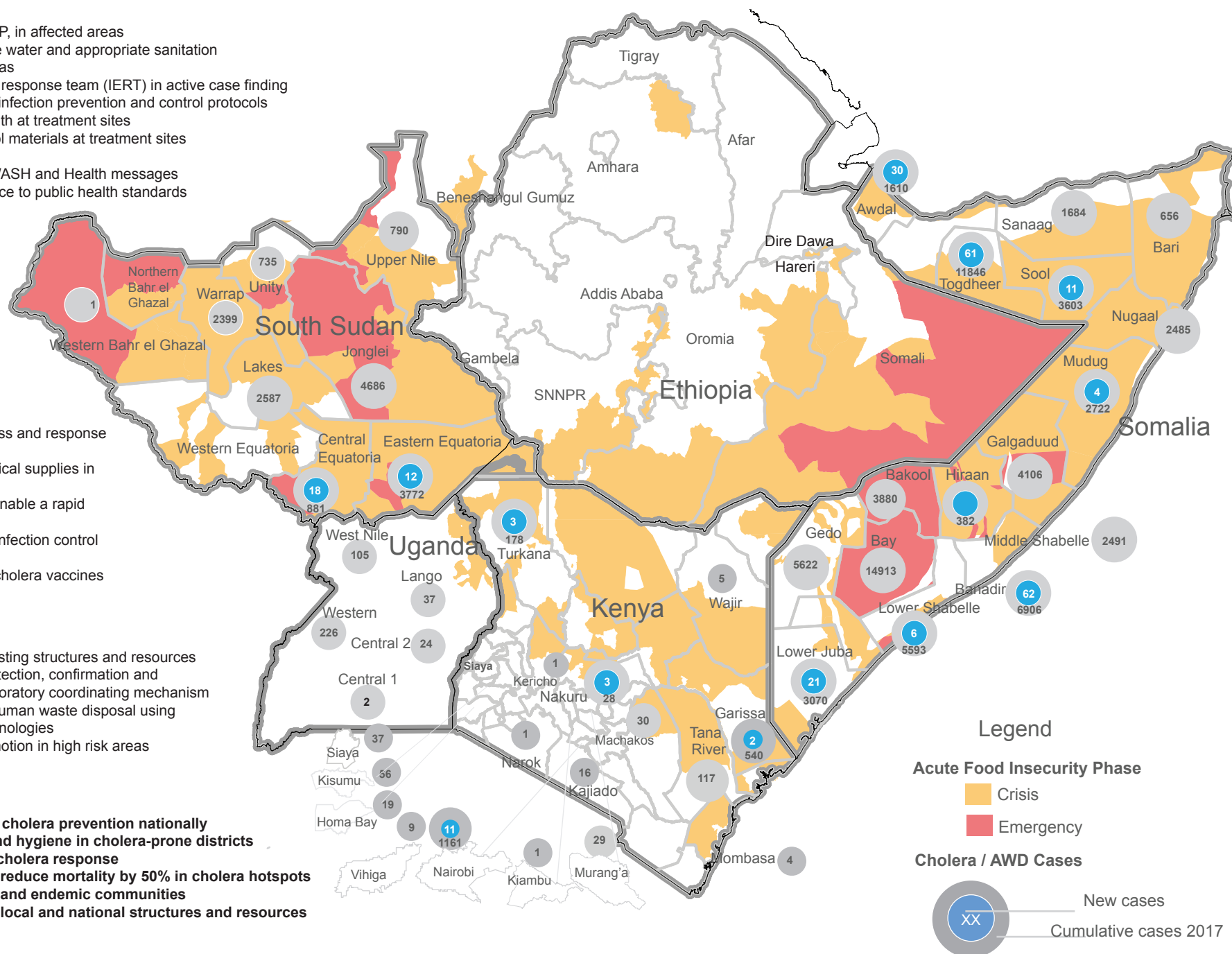
- Strengthen coordination of cholera preparedness and response activities at all levels
- Preposition cholera buffer stock and other medical supplies in affected areas
- Enhance surveillance activities at all levels to enable a rapid response to cholera
- Improve adherence to case management and infection control protocols at treatment sites
- Complementary use of safe and effective oral cholera vaccines in identified hotspot areas

Kenya Country Priorities

- Enhance multi-sector co-ordination through existing structures and resources
- Strengthen district capacity for prompt case detection, confirmation and management by strengthening the National Laboratory coordinating mechanism
- Ensure the availability of safe water and safe human waste disposal using appropriate locally feasible and acceptable technologies
- Strengthen cholera prevention and health promotion in high risk areas

Uganda Country Priorities

- Raise awareness and promote practices for cholera prevention nationally
- Increase access to safe water, sanitation, and hygiene in cholera-prone districts
- Strengthen weekly surveillance to improve cholera response
- Improve the quality of case management to reduce mortality by 50% in cholera hotspots
- Implementation of OCV in cholera hotspots and endemic communities
- Enhance multi-sector coordination through local and national structures and resources at National and district level



Annex 4: Distribution of Acute Watery Diarrhea / Cholera in the Horn of Africa (January-Aug 2017) and Displacement Tracking Matrix Flow Monitoring for June 2017

Kenya: Challenges

- More sub-optimal coordination in responding to outbreaks
- Limited resources such as water treatment chemicals
- Limited laboratory capacity in some Counties for Cholera confirmation
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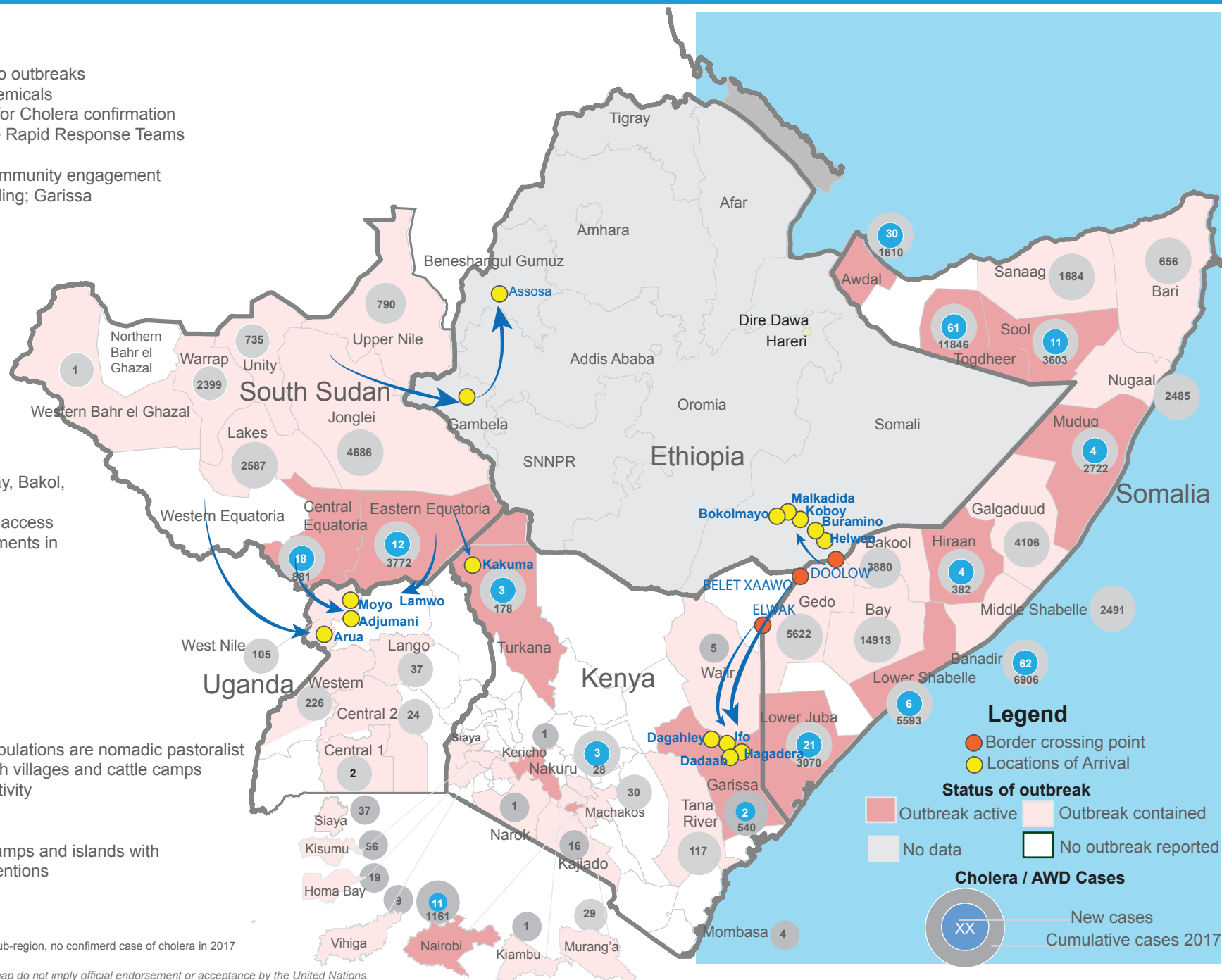
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Annex 5: Weekly Reported Cholera / AWD Cases and Deaths for Countries in Eastern and Southern Africa

Country	Wk 1 to Wk 29		Week 30		Week 31		Week 32		Week 33		Week 34		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	58,367	830	306	2	321	2	282	0	222	0			77,148	1115	1.4%	92,848	1,663	1.8%
Kenya	834	9			63	2	69	0	19	0			2232	33	1.5%	2332	37	1.6%
South Sudan	5,910	182	109	3	102	1	30	0					15,851	274	1.7%	19,749	355	1.8%
Tanzania	1,886	29			198	4	94	0	67	0	102	0	2,199	39	1.8%	26,199	411	1.6%
Burundi	5	0	0	0	0	0	0	0	13	0	24	0	211	0	0	211	0	0
Malawi	90	1	0	0	0	0	0	0	2	0	11	0	103	1	1.1%	1895	47	2.5%
Zimbabwe	6	3	0	0	0	0	0	0					6	3	50%	16	4	25%
Mozambique	0	0	0	0	0	0	0	0					2,122	4	0.2%	2,122	4	0.2%
Uganda	412	0											412	0	0%	412	0	0%
Angola	0	0			0	0	0	0	0	0			389	26	6.6%	468	26	5.5%
Zambia	101	0			0	0	0	0	0	0			103	1	1%	1482	33	2.2%
Rwanda	0	0					0	0	0	0	0	0	4	0	0%	4	0	0.0%
Madagascar	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
Swaziland	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	0	0	0%
Botswana																		
Eritrea																		
Lesotho																		
Namibia																		
South Africa																		
TOTAL													100,780	1496	1.5%	147,738	2580	1.8%

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