

Bulletin: Cholera/ AWD Outbreaks in Eastern and Southern Africa

Regional Update - as at 20 September 2017



Highlights

More than 102,010 cholera / AWD cases and 1548 deaths (Case Fatality Rate: 1.5%) have been reported in 11 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, Zambia and Zimbabwe. Somalia accounts for 76.1% of the total cases reported in 2017, followed by South Sudan at 15.8%.

In the past 4 weeks (Week 34-37), 6 out of the 21 countries in ESAR have reported active transmission of cholera / AWD (Burundi, Malawi, Somalia, South Sudan, Kenya and Tanzania), with Tanzania reporting the highest number of new cases (148) in week 36. Cumulatively, South Sudan has recorded the highest CFR (1.9%) followed by Kenya (1.8%) and Tanzania (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 36 (week ending 10 September 2017), 22 new cases were reported in the country; compared to 137 cases including 2 deaths reported in week 35 (Week ending 3 September 2017). The 22 new cases reported in week 36 emerged from Somali land. Most affected regions are Togdheer and Sool.

Kenya: 5 out of the 47 Counties (Nairobi, Vihiga, Nakuru, Kajiado and Machakos) have an active cholera outbreak. During week 37 (Week ending 17 September 2017), 49 new cases including 1 deaths (CFR 2%) were reported compared to 46 cases in week 36.

South Sudan: A declining trend in cholera cases has been noted over the past 3 weeks. 5 Counties have active transmission (Juba, Budi, Kapoeta South, Kapoeta and Yirol East). During week 34 (Week ending 27 August 2017), 39 new cases were reported; compared to 73 cases including 1 death (CFR 1.4%) in week 33 (week ending 20 August 2017).

Tanzania: An increase in epidemic trend was noted in week 36, 148 cases including 1 death (CFR 0.7%) have been reported; compared to 116 cases including 3 deaths (CFR 2.6%) in week 35. Cases emerged from Kigoma, Tanga, Mbeya, Njombe and Katavi regions during the week under review.

Malawi: The current outbreak started within the catchment area of the Chikwawa Hospital. 4 new cases have been reported in the past 2 weeks (Week 35-36); compared to 11 cases in week 34.

Burundi: There has been a decrease in the epidemic trend. During week 36, 5 new cases were reported; compared to 24 cases in week 34. These cases emerged from the city center of Nyanza Lac (Makamba) and Bubanza province.

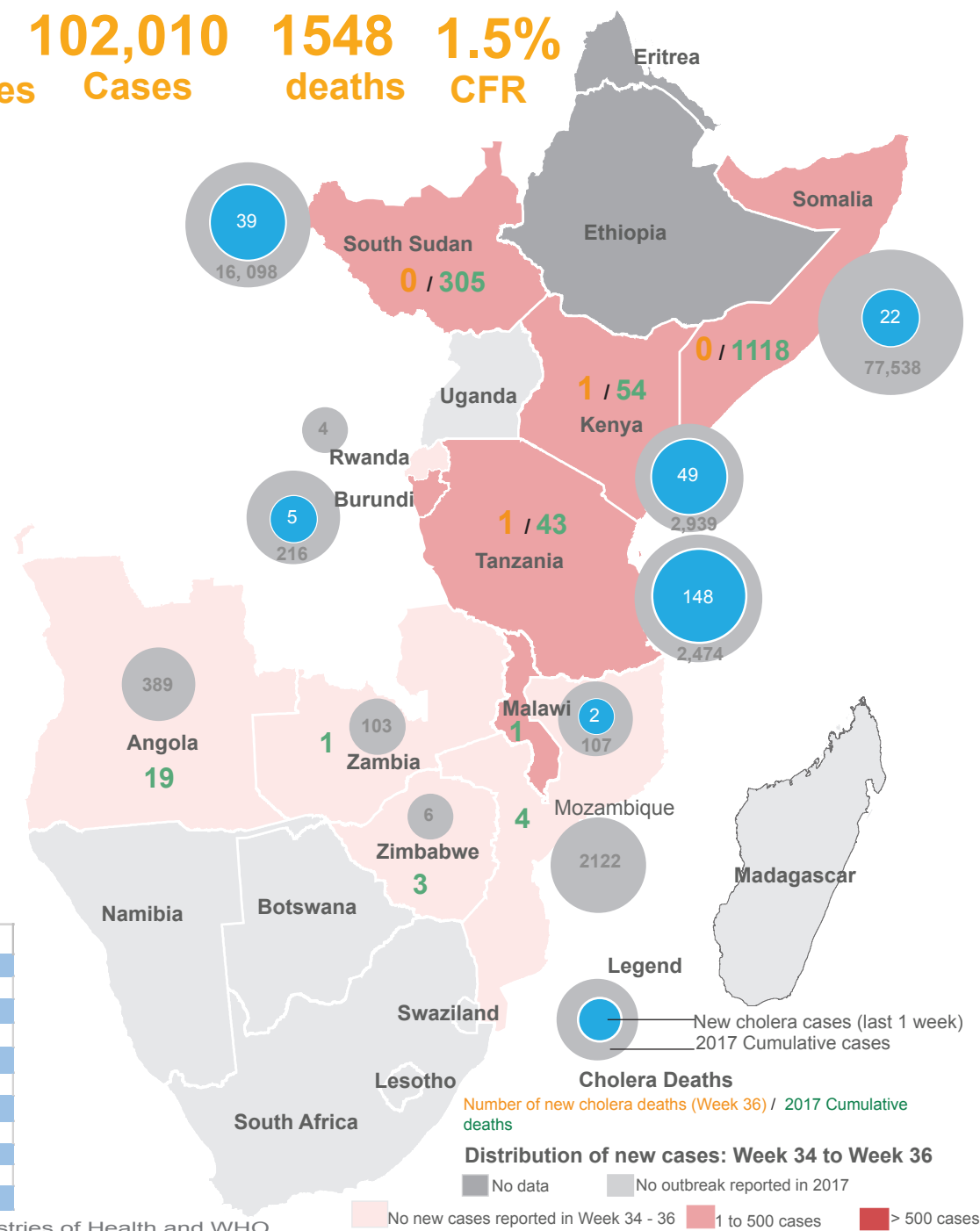
Table: Summary of Cholera / AWD Outbreaks by Country

Country	Start Date	Cumulative no. of cases	Cumulative no. of deaths	Status
Somalia	March 2016	93,238	1,666	Ongoing
Tanzania	August 2015	26,474	415	Ongoing
South Sudan	June 2016	20,065	386	Ongoing
Kenya	October 2016	3,039	58	Ongoing
Mozambique	January 2017	2122	4	Controlled
Zambia	2016	1482	33	Controlled
Angola	December 2016	490	26	Controlled
Burundi	December 2016	216	0	Ongoing
Malawi	March 2017	121	1	Ongoing
Zimbabwe	November 2016	16	4	Controlled
Rwanda	January 2017	4	0	Controlled

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Sources: Ministries of Health and WHO

11 Countries **102,010 Cases** **1548 deaths** **1.5% CFR**



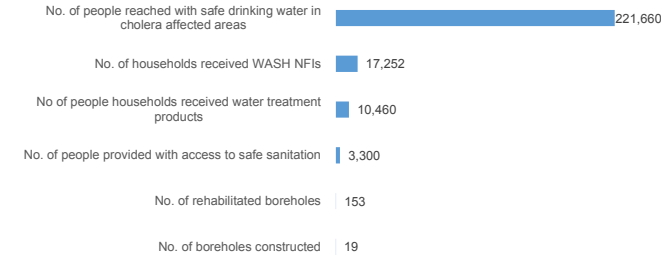
Country Priorities and Response Interventions

Country Priorities

Response Interventions

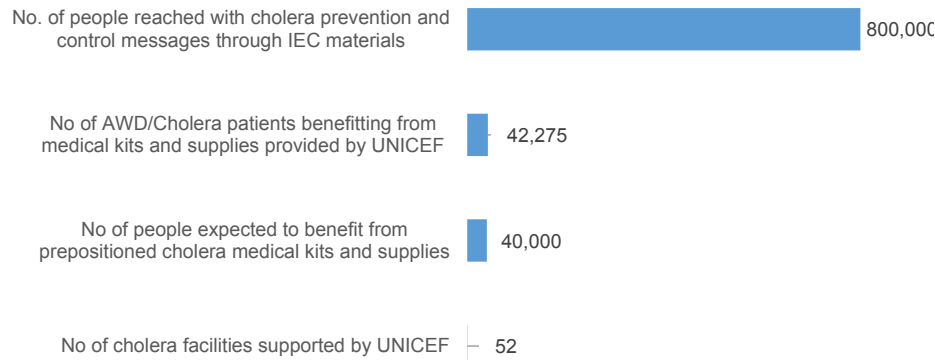
South Sudan

- 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 kit that contains medicines and medical devices for 10,000 people
- 1,340 cholera cases have been treated in Nairobi County
- 4 CTCs are currently operational in Nairobi County

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

- 7,200 beneficiaries reached with safe water interventions
- UNICEF supported the Chikwawa District with Water Guard, HTH chlorine, soap, tarpaulin, plastic sheeting, buckets for collection and storage of water and hand washing facilities
- The District Environmental Health Office, with support from UNICEF (WASH), is carrying out Pot to Pot chlorination of water
- UNICEF is also supporting infection control at the CTC at Chikwawa District hospital

Tanzania

- Develop a cholera elimination plan for Zanzibar
- 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

No. of water guard tablets issued to Mbarali district by UNICEF in the last 3 weeks 832,000

No of pool testers issued by UNICEF to Mbarali, Korogwe and Handeni in the last 3 weeks 4 (Each pool tester can conduct 500 tests)

No. of boxes of cholera flip charts issued to Mbarali district 5 (Each with 90 pieces of flip charts)

Burundi

- Improve case management
- Improve water supply

- Water tank of 10,000 liters with 4 taps provided in the CTC
- Water trucking
- Water supply system repaired
- Social mobilization in the affected areas

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 - 20 September 2017

Kenya: Challenges

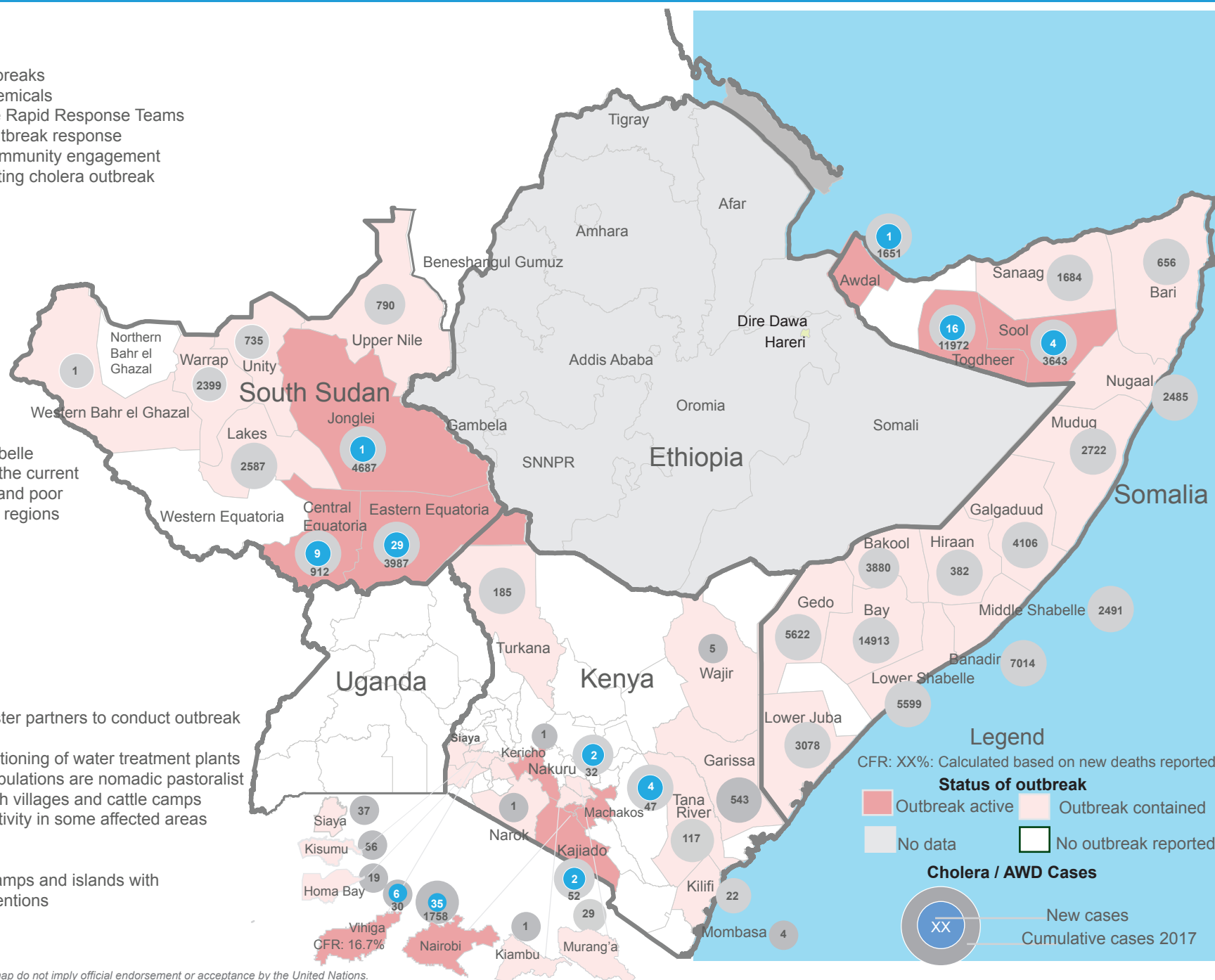
- Sub-optimal coordination in responding to outbreaks
- Limited resources such as water treatment chemicals
- Limited capacity in response as majority of the Rapid Response Teams especially at county level are not trained on outbreak response
- Limited resources for health promotion and community engagement
- Insecurity in various parts of the country reporting cholera outbreak

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

- Inadequate funding for most of the WASH cluster partners to conduct outbreak response activities in Juba
- Ongoing fuel crisis is likely to result to malfunctioning of water treatment plants
- 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



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Annex 2: Distribution of Cholera/AWD outbreaks in Southern Africa - 20 September 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

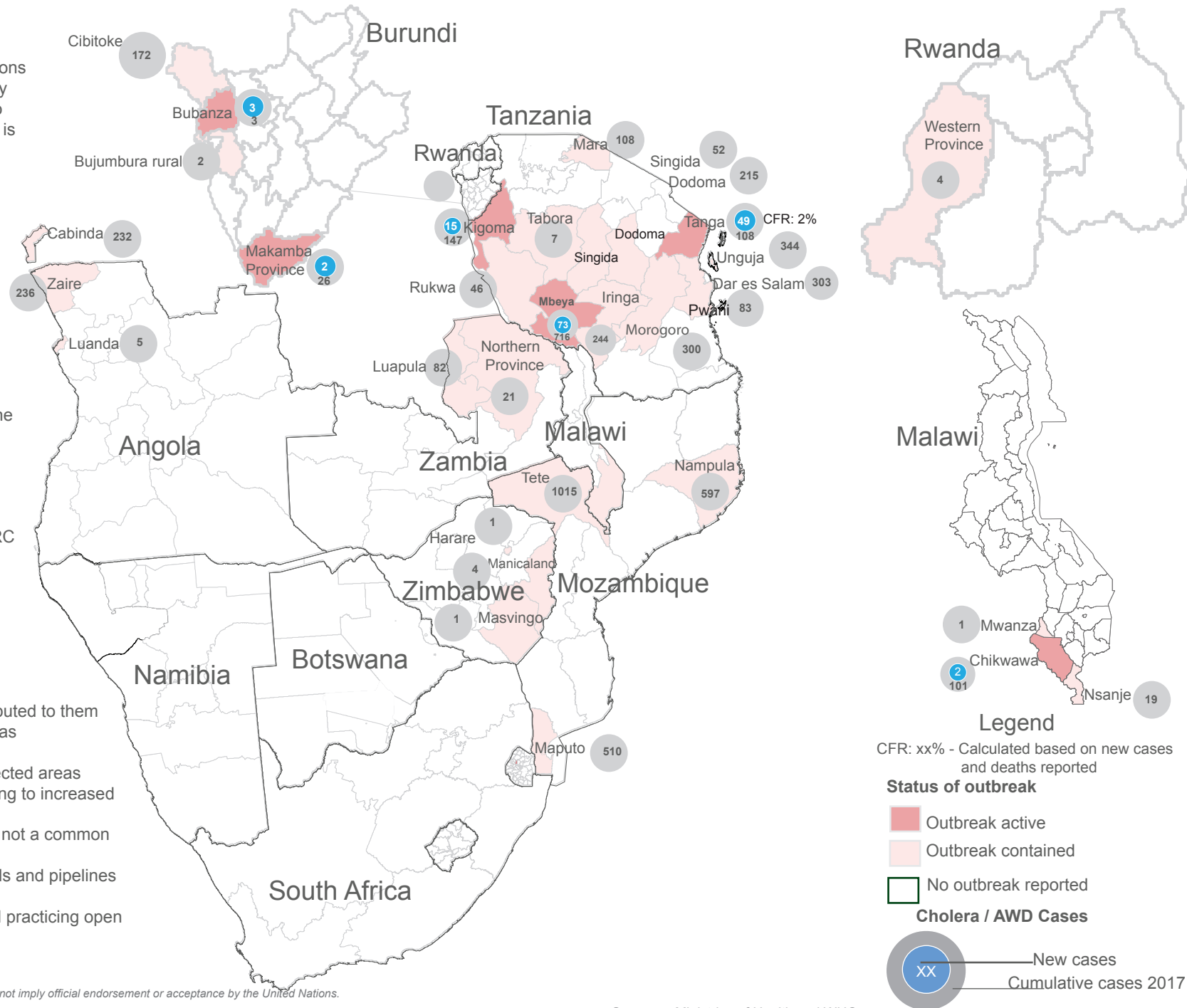
- Cross border movements between Mozambique and Malawi influence the evolution of outbreaks
- Poor access to safe water
- Low sanitation coverage
- Poor hygiene practices especially hand washing with soap at critical times
- Boreholes in Kasisi and Katunga locations are saline

Challenge: Burundi

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

Challenges: Tanzania

- 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
- Inadequate access to safe water in most of the affected areas
- Delays in outbreak surveillance and reporting leading to increased spread
- Treatment of water by boiling or using aqua tabs is not a common practice to over 80% of households
- 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 in most of the affected areas
- Rampant street food vending in Zanzibar



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

Country	Wk 1 to Wk 32		Week 33		Week 34		Week 35		Week 36		Week 37		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	59,276	834	222	0	112	0	137	2	22	0			77,538	1118	1.4%	93,238	1,666	1.8%
Kenya	966	11	19	0	111	1	183	0	46	3	49	1	2939	54	1.8%	3039	58	1.9%
South Sudan	6,151	186	73	1	39	0							16,098	305	1.9%	20,065	386	1.9%
Tanzania	2,178	33	67	0	102	0	116	3	148	1			2,474	43	1.7%	26,474	415	1.6%
Burundi	5	0	13	0	24	0	0	0	5	0			216	0	0	216	0	0
Malawi	90	1	2	0	11	0	2	0	2	0			121	1	0.8%	121	1	0.8%
Zimbabwe	6	3	0	0	0	0	0	0	0	0			6	3	50%	16	4	25%
Mozambique	0	0	0	0	0	0	0	0	0	0			2,122	4	0.2%	2,122	4	0.2%
Angola	374	16	0	0	0	0	0	0	0	0			389	19	4.9%	490	26	5.3%
Zambia	101	0	0	0	0	0	0	0	0	0			103	1	1%	1482	33	2.2%
Rwanda	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0%	4	0	0.0%
Uganda	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0%	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													102,010	1548	1.5	147,267	2,593	1.8%

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