

# Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa

## Regional Update - as of 15 December 2017



### Highlights

More than 109,442 cholera / AWD cases and 1708 deaths (Case Fatality Rate: 1.6%) have been reported in 12 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, Uganda, Zambia and Zimbabwe. Of the countries reporting, Somalia accounts for 71.8% of the total cases reported in 2017, followed by South Sudan at 15.8%.

Currently, 10 out of the 21 countries in ESAR reported active transmission of cholera / AWD (Burundi, Kenya, Malawi, Mozambique, Somalia, Rwanda, South Sudan, Tanzania, Uganda and Zambia), with Zambia and Tanzania reporting the highest number of new cases (217 cases and 216 cases respectively). Of the 10 countries, Zambia recorded the highest CFR at 2.4% in 2017, followed closely by Tanzania and Kenya at 1.8% each.

**Zambia:** There has been an increase in the epidemic trend over the last two weeks. During week 49 (week ending 10 December 2017), 217 new cases including 11 deaths (CFR:5.1%) were reported in the country compared to 149 cases including 2 deaths reported in week 48 (week ending 3 December 2017). These new cases emerged from Lusaka, Chongwe, Rufunsa and Shibuyunji districts (in Lusaka Province); Ndola district (in Copperbelt Province); and Kapiro Mposhi district (in Central Province).

**Tanzania:** During week 48, 216 new cases including 8 deaths (CFR: 3.7%) were reported; compared to 117 cases including 4 deaths (CFR 3.4%) reported in week 47 (week ending 26 Nov 2017). New cases emerged from Mbeya, Tanga, Katavi, Songwe, Dodoma, Rukwa and Ruvuma regions. Ruvuma region which was previously not affected by the outbreak, accounted for close to two thirds (133 cases) of all the new cases reported in week 48. All the 8 deaths emerged from Ruvuma region.

**Mozambique:** The cholera outbreak flared up over the last two weeks. During week 49, 75 new cases were reported; compared to 155 cases reported in week 48. New cases emerged from Memba, Erati and Nacarroa districts in Nampula province.

**Kenya:** During week 49, 44 new cases were reported compared to 50 cases reported in week 48. New cases emerged from Nairobi, Garissa, Mombasa, Wajir, Embu, Kirinyaga and Kwale counties.

**Somalia:** A decline in epidemic trend. During week 49, 12 new cases were reported; compared to 22 cases reported in week 48. These new cases emerged from Togdheer and Sool regions.

**South Sudan:** During week 47, 20 new cases were reported; compared to 28 cases including 1 death (CFR: 3.6%) reported in week 46. Most of the cases emerged from Juba and Budi counties

**Uganda:** During week 48, 14 new cases were reported; compared to 12 cases including 1 death (CFR: 8.3%) reported in week 47. The new cases emerged from Kasese district in South Western sub-region.

**Malawi:** 3 new cases were reported in week 49. The cases emerged from Karonga district and the index case is reported to have come from a neighbouring district in Tanzania

**Burundi:** 3 new cases were reported in week 48. These cases emerged from BDS nord.

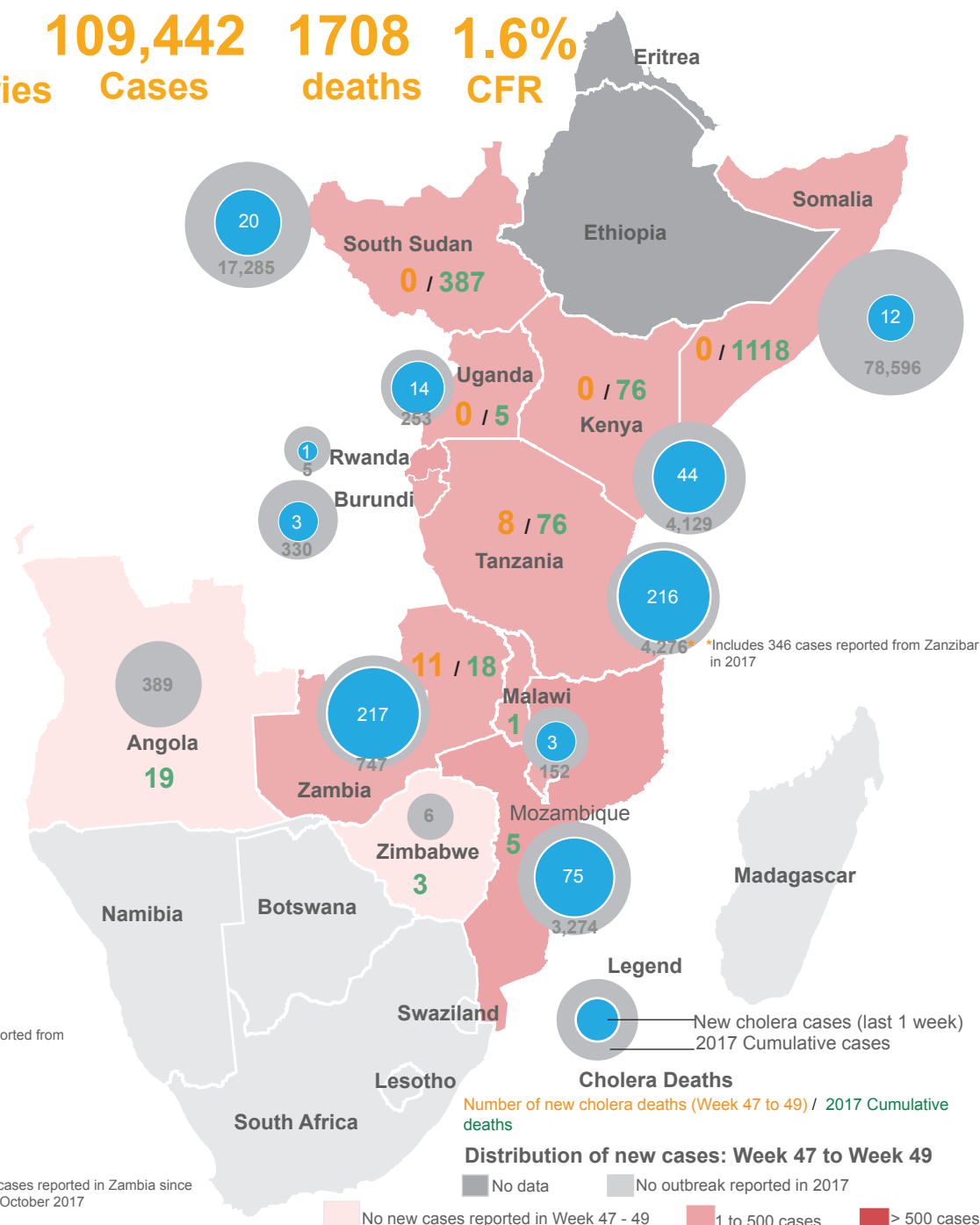
**Table: Cumulative Cholera / AWD Cases and Deaths Since the Beginning of Outbreaks, by Country**

Country	Start Date	Cumulative no. of cases	Cumulative no. of deaths	Status
Somalia	March 2016	94,296	1,667	Ongoing
Tanzania	August 2015	28276*	448*	Ongoing
South Sudan	June 2016	21,556	462	Ongoing
Kenya	October 2016	4,229	80	Ongoing
Mozambique	January 2017	3,274	5	Ongoing
Angola	December 2016	490	26	Controlled
Burundi	December 2016	330	0	Ongoing
Uganda	September 2017	253	5	Ongoing
Malawi	March 2017	152	1	Controlled
Zambia	October 2017	744**	21	Controlled
Zimbabwe	November 2016	16	4	Controlled
Rwanda	January 2017	5	0	Ongoing

Creation date: 15 December 2017

Sources: Ministries of Health and WHO

**12 Countries** **109,442 Cases** **1708 deaths** **1.6% CFR**



\*Includes 346 cases with 4 deaths reported from Zanzibar

\*\*Refers to the cumulative number of cases reported in Zambia since the new outbreak was reported on 4 October 2017

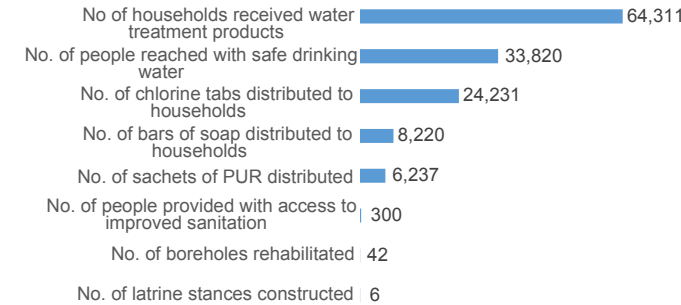
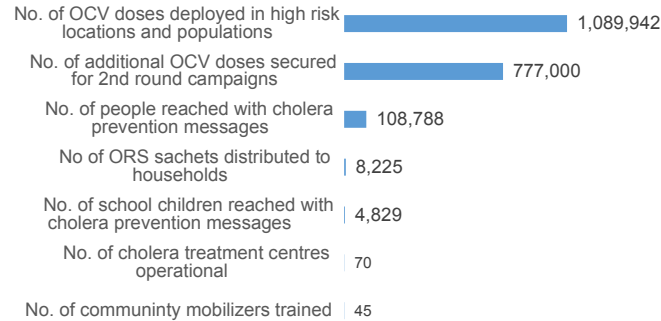
# Country Priorities and Response Interventions

## Country Priorities

## Response Interventions

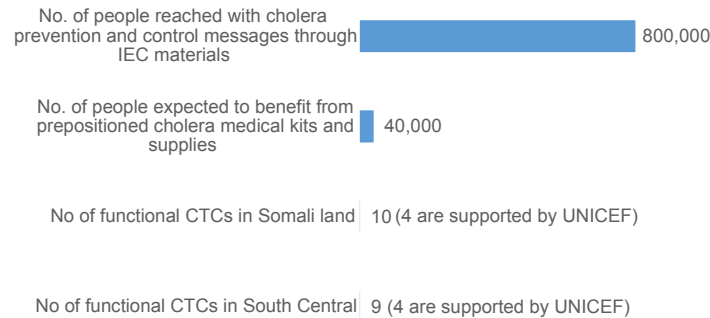
### South Sudan

- 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

- Cholera treatment centres have been set up in areas where cholera cases are reported
- MoH, WHO and County health teams in affected areas have put in place enhanced cholera and other disease surveillance and rapid response mechanisms
- Revision of SOPs for cholera outbreak investigation are being developed by the Public Health Emergency Operation Center
- Water testing for microbes
- Ongoing distribution of water treatment chemicals to households in affected areas
- Banning of food hawking and selling of untreated water in Mombasa County
- Distribution of clean water in slam areas in Mombasa County
- UNICEF distributed cholera management commodities in Mombasa County

### 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	<ul style="list-style-type: none"> <li>-Multi-sectoral coordination at district level, with focus on capacity building of health personnel, supervision and monitoring of response</li> <li>-Drugs and other supplies for cholera response</li> <li>- Provision of training materials and guidelines</li> </ul>	<ul style="list-style-type: none"> <li>• Need assessment has been conducted through a joint mission led by MoH and visited 4 affected and at risk districts.</li> <li>• UNICEF provided support in Case Management which included supply of 80,000 sachets of ORS, 3,000 liters of ringer's lactate, 6 IEHK, 2 tents for treatment centers, 2 diarrhea disease set pack, and biosafety materials.</li> <li>• UNICEF has deployed C4D officer to support the response and mitigation around violence related to cholera.</li> <li>• MSF will be on ground from next week to support the response in Memba District (the most affected district).</li> </ul>
Malawi	<ul style="list-style-type: none"> <li>-Infection control in CTCs and homes of patients</li> <li>-Provide WASH supplies including; chlorine products, soap, water collection and storage containers, and portable latrines in CTCs</li> <li>-Training, supervision and mentoring of health workers in CTUs</li> <li>-Ensure quality case management in CTUs</li> <li>-Community health education</li> <li>-Promote construction and use of community latrines through CLTS</li> </ul>	<p>The following items were provided by UNICEF to Karonga District;</p> <ul style="list-style-type: none"> <li>• 20 sets of portable latrines, for use at CTCs.</li> <li>• HTH chlorine, soap, plastic sheeting and tarpaulin.</li> <li>• Water collection and storage containers.</li> <li>• Hand washing facilities</li> <li>• 5000 sachets of ORS</li> <li>• 3 boxes of gloves</li> <li>• 20 pairs of gum boots</li> <li>• 20 pairs of heavy duty gloves</li> <li>• 5 rolls of adhesive tape</li> <li>• 40 blankets and 1 tent</li> </ul>
Tanzania	<ul style="list-style-type: none"> <li>-Provide hygiene promotional materials and conduct hygiene promotion activities</li> <li>-Provision of household water treatment tabs followed by appropriate messaging regarding usage and benefits</li> <li>-Advocacy and partnerships for resource mobilization</li> <li>-Capacity building of medical personnel on cholera case management</li> </ul>	<ul style="list-style-type: none"> <li>• A 2-day workshop was held to review the National cholera response plan</li> <li>• 4 water samples were collected from the well, river, tap water and from the community reserve tank for analysis</li> <li>• 4 wards located in hard to reach areas were reached with cholera prevention and control messages through a volunteer who goes around with a motorbike fitted with external speakers to air out the recorded audio messages.</li> <li>• The MOHCDGEC delivered medical supplies including essential medicines and supplies (IV fluids, Cannula, antibiotics, NGT tube and others PPEs) to affected areas.</li> <li>• Ongoing community education on prevention and control of Cholera through villages and schools in Songwe DC and Kyela DC.</li> <li>• A National team from the ministry of health comprising of environmental health and epidemiological staff were dispatched to provide support to Kyela and Songwe district teams.</li> </ul>
Burundi	<ul style="list-style-type: none"> <li>-Improve case management</li> <li>-Improve water supply</li> </ul>	<ul style="list-style-type: none"> <li>• Water trucking in Nyanza Lac</li> <li>• Drainage of latrines in IDP camps in Nyanza Lac</li> <li>• Water supply system repaired in Nyanza Lac</li> <li>• Household disinfection in Nyanza Lac, Bubanza, Isare, Cibitoke and BDS Mairie Nord)</li> <li>• Social mobilization in the affected areas (Nyanza Lac, Bubanza, Isare, Cibitoke and BDS Mairie Nord)</li> </ul>
Zambia	<ul style="list-style-type: none"> <li>- Provision of infection prevention protocols to all the CTCs/ CTUs</li> <li>- Improve case management</li> <li>- Intensify enforcement of law on food vending</li> <li>- Increase coverage of WASH interventions.</li> <li>- Provide WASH supplies and services (chlorine - liquid, granular; H2S, scaling up solid waste management; need to desludge latrines and provision of safe drinking water);</li> <li>- Provide medical and lab supplies</li> </ul>	<ul style="list-style-type: none"> <li>• 6 local incident command posts are currently operational in hawama, Chipata, Kanyama, Matero, Chelstone, and Chilenje</li> <li>• 5 cholera treatment centres have been established in Chawama, Chipata, Kanyama, Matero and Bauleni sub-districts. So far 441 cases have been successfully treated and discharged.</li> <li>• Cholera outbreak guidelines and standard operating procedures have been updated and shared with health workers.</li> <li>• The health facilities in Lusaka District have continued with active surveillance, health education, chlorine distribution, contact tracing and environmental health monitoring.</li> <li>• The Ministry of Health has closed contaminated water points provided household chlorine, disinfection of pit latrines, erection of water tanks, installation of water purifiers, and intensification of water quality monitoring.</li> </ul>

# Annex 1: Distribution of Cholera and AWD Outbreaks in the Horn of Africa and Challenges in Response - as of 15 December 2017

## Kenya: Challenges

- Limited capacity for surveillance and response activities in many of the affected counties
- 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

## 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

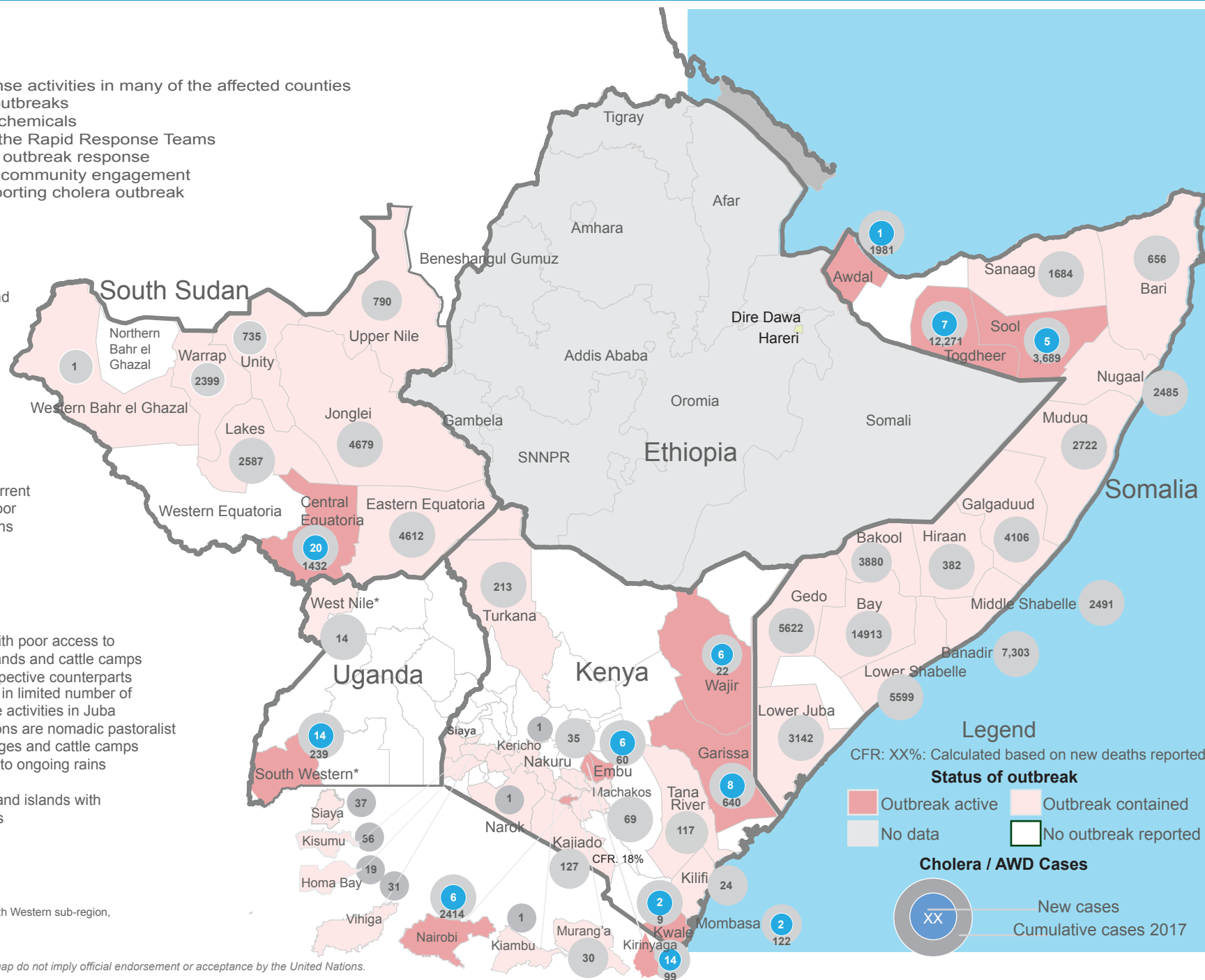
## South Sudan: Challenges

- Cholera case fatality rates are highest in counties with poor access to health care especially in populations living in the islands and cattle camps
- Children and males are more affected than their respective counterparts
- Inadequate funding for all sectors. This has resulted in limited number of WASH cluster partners to conduct outbreak response activities in Juba
- A significant section of the cholera affected populations are nomadic pastoralist and communities living in remote, hard to reach villages and cattle camps
- Limited access to affected areas in Budi County due to ongoing rains
- Unpredictable movement of cattle keepers
- Population displacements into crowded IDP camps and islands with limited humanitarian access to optimize interventions

\*Cases from Uganda emerged from Kasese and Kisoro districts in South Western sub-region, and Nebbi district in West Nile Sub-region

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

Creation date: 15 December 2017



Sources: Ministries of Health and WHO



# Annex 2: Distribution of Cholera / AWD outbreaks in Southern Africa and Challenges in Response - as of 15 December 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 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.

## 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

## Challenge: Zambia

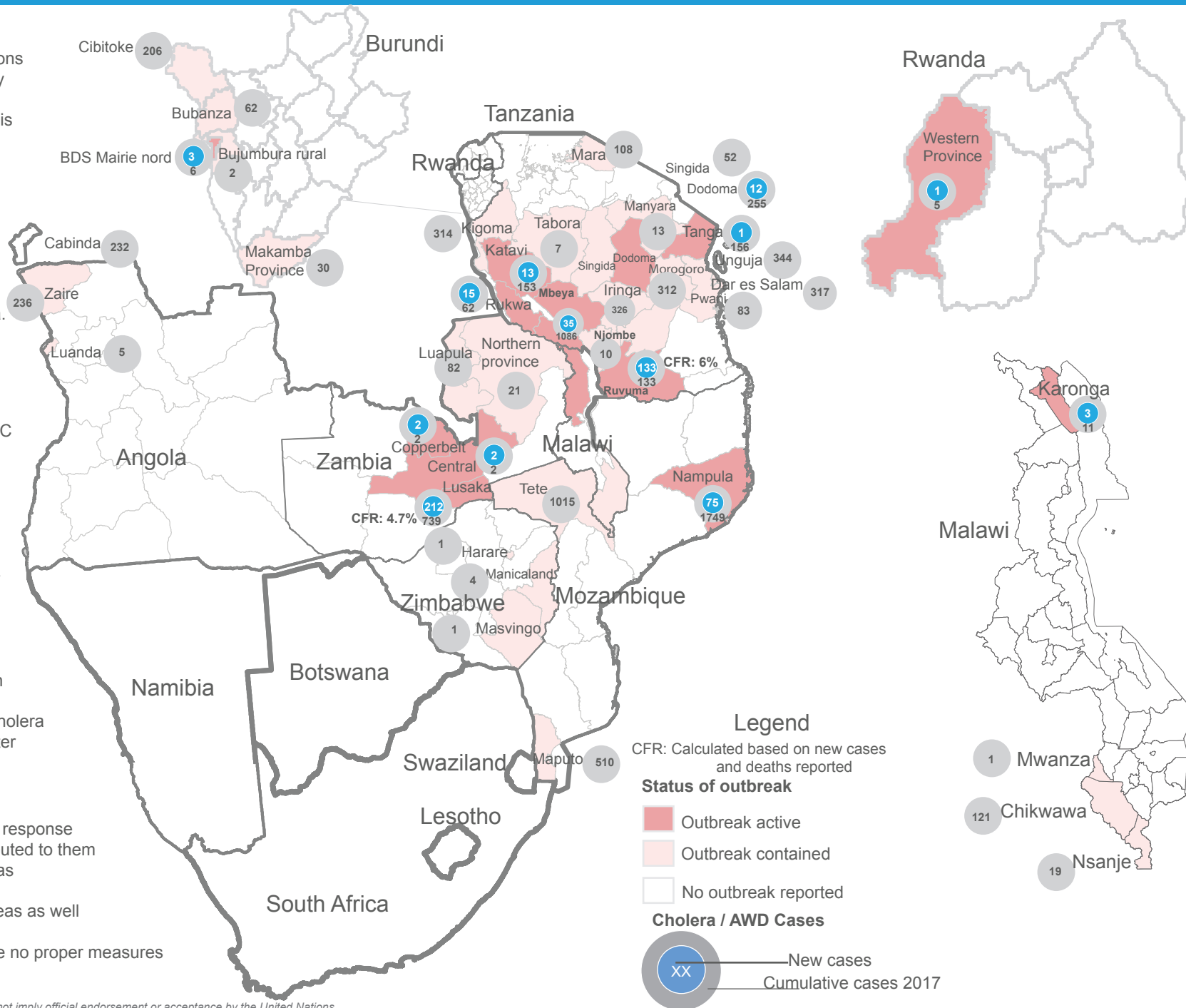
- Affected areas are largely peri-urban, with limited access to WASH services
- The outbreak has spread to other districts outside of Lusaka
- Heavy rainfall

## 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 and distributing water purification solutions

## 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



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

Creation date: 15 December 2017

Sources: Ministries of Health and WHO

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

Country	Week 1 to 44		Week 45		Week 46		Week 47		Week 48		Week 49		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	60,568	836	20	0	13	0	10	0	22	0	12	0	78,596	1118	1.4	94,296	1,667	1.8
Kenya	1,603	24	121	3	60	3			50	0	44	0	4129	76	1.8	4229	80	1.9
South Sudan	6,534	190	60	0	28	1	20	0					17,285	387	2.2	21,556	462	1.8
Tanzania	3,698	53	131	1	43	0	117	4	216	8			4,276	76	1.8	28,276	448	1.6
Burundi	154	0	14	0	0	0	0	0	3	0			330	0	0.0	330	0	0.0
Malawi	141	1	0	0	0	0	2	0	5	1	3	0	152	1	0.7	152	1	0.7
Zimbabwe	6	3	0	0	0	0	0	0	0	0			6	3	50.0	16	4	25.0
Mozambique	2,508	5	84	0	39	0	0	0	155	0	75	0	3,274	5	0.2	3,274	5	0.2
Angola	389	19	0	0	0	0	0	0	0	0			389	19	4.9	490	26	5.3
Zambia	173	2	22	0	48	2	0	0	149	2	217	11	747	18	2.4	744	21	2.8
Rwanda	4	0	0	0	0	0	1	0	0	0			5	0	0.0	4	0	0.0
Uganda	226	3	7	0	22	1	12	1	14	0			253	5	2.0	253	5	2.0
Madagascar	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
Swaziland	0	0	0	0	0	0	0	0	0	0			0	0	0	0	0	
Botswana																		
Eritrea																		
Lesotho																		
Namibia																		
South Africa																		
TOTAL													109,442	1,708	1.6	153,620	2,719	1.8

For further information Contact:

**Georges Tabbal**  
Regional WASH Emergencies Specialist  
Email: gtabbal@unicef.org

**Raoul Kamadjeu**  
Health Emergencies Specialist  
Email: rkamadjeu@unicef.org

**Maureen Khambira**  
Information Management Specialist  
Email: mkhambira@unicef.org