

Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa

Regional Update for 2018 - as of 2 February 2018



Highlights

More than 4,057 cholera / AWD cases and 51 deaths (Case Fatality Rate: 1.3%) have been reported in 11 of 21 countries of Eastern and Southern Africa Region (ESAR) since the beginning of 2018. These countries include; Angola, Kenya, Malawi, Mozambique, Namibia, Rwanda, Somalia, Tanzania, Uganda, Zambia and Zimbabwe.

Of the countries reporting this year, Zambia accounts for 44% of the total case load followed by Kenya at 20%, Angola at 10%, Somalia at 8.2% and Tanzania at 8 %. Five of the ten countries have recorded highest Case Fatality Rate above 1% and they include; Zimbabwe at 4.7%, Tanzania at 2.8%, Angola at 2%, Kenya 1.2% and Zambia at 1.1%.

Zambia: A decline in the epidemic trend. During week 4 (week ending 28 January 2018), 197 new cases including 2 deaths (CFR:1%) were reported in the country compared to 338 cases including 4 deaths (CFR: 1.2%) reported in week 3 (week ending 21 January 2018). The new cases reported during the week emerged from 12 districts located in 6 provinces, namely Lusaka (179 cases and 1 death), Central (9), Southern (2), Copperbelt (1), Eastern (5) and North Western (1). Cumulatively a total of 3,635 cases including 78 deaths have been reported, as from October 2017.

Angola: During week 4 of 2018, 81 new cases including 2 deaths (CFR: 2.5%) were reported; compared to 55 cases reported in week 3. These cases are concentrated in Uige district. Cumulatively a total of 579 cases including 11 deaths have been reported, as from 15 December 2017.

Kenya: A decline in the epidemic trend. During week 5 (week ending 4 February 2018), 66 new cases were reported compared to 73 cases including 1 death (CFR: 1.4%) reported in week 4. New cases emerged from 5 Counties, namely Tharaka Nithi (26), Busia (16), Meru (14), Garissa (6) and Siaya (4). Cumulatively a total of 5,116 cases including 99 deaths have been reported, as from October 2016.

Tanzania: During week 4, 83 new cases including 4 deaths (CFR: 4.8%) were reported compared to 66 cases reported in week 3. These new cases are concentrated in 4 regions, namely Dodoma (53 cases and 4 deaths), Rukwa (19), Songwe (9) and Ruvuma (2). Cumulatively a total of 28,937 cases including 475 deaths have been reported in Tanzania mainland, as from August 2015.

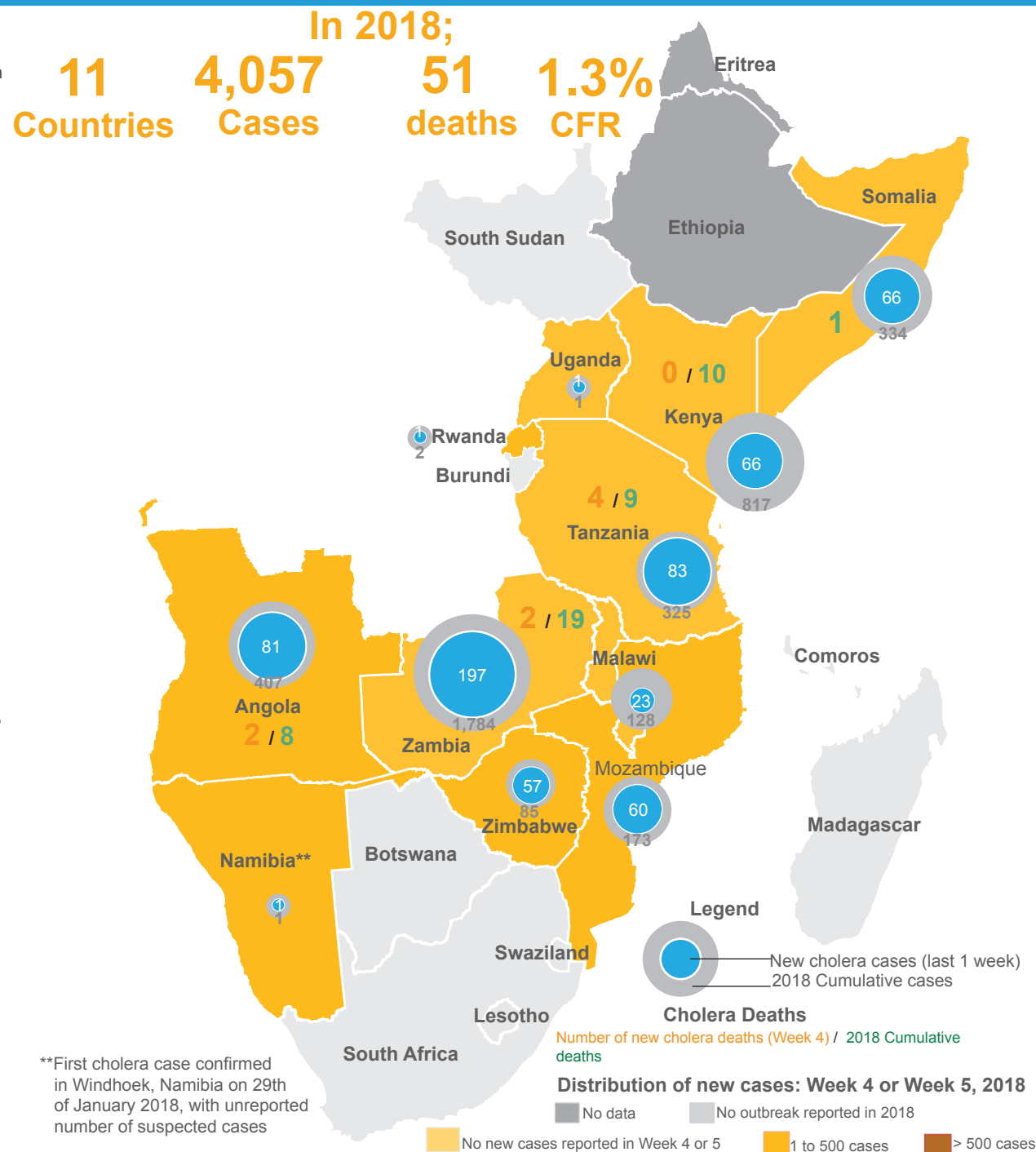
Somalia: A decline in the epidemic trend. During week 4, 66 new cases were reported compared to 93 cases reported in week 3. These new cases emerged from Banadir (49) and Hiraan (17) regions. Cumulatively a total of 95,028 cases including 1,668 deaths have been reported, as from March 2016.

Zimbabwe: Experiencing a new cholera outbreak. The index case was an 80-year-old female who succumbed to the disease at home on the 8th of January, 2018. Since then, a total of 85 cases including 4 deaths (CFR: 4.7%) have been reported. These cases and deaths are concentrated in Chegutu town, 100 km west of the capital Harare.

Malawi: During week 3, a total of 23 new cases were reported, compared to 47 cases reported in week 2 (week ending 14 January 2018). The new cases reported during the week came from three districts, namely Karonga (9), Lilongwe (12) and Nkhatabay (2). Cumulatively a total of 426 cases including 4 deaths have been reported, as from March 2017.

Mozambique: 60 new cases were reported in week 4 compared to 52 cases in week 3. These new cases emerged from Nampula city (9) in Nampula province, and Cabo Delgado (51). Cumulatively a total of 1,402 cases and 1 death have been reported, as from August 2017.

Uganda: A confirmed Cholera case from Ntoroko district. The index case was a 19yr old male from Kanara sub-county on the shores of Lake Albert neighbouring the Democratic Republic of Congo. He reported at Rwangala Health Centre on 27th January 2018.



Country Priorities and Response Interventions

Country Priorities

Response Interventions

Mozambique

- Strengthening disease surveillance in Districts affected by the tropical storm
- Multi-sectoral coordination at district level, with focus on capacity building of health personnel, supervision and monitoring of response
- Drugs and other supplies for cholera response
- Provision of training materials and guidelines

- In Nampula province support was provided with the following IEC materials: 50 albums about hygiene and prevention; 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 Pemba City: Multisectoral coordination has been established at district level; Preparedness and response teams have been established in 9 districts; Strengthening of disease surveillance; Cholera treatment center opened; Social mobilization being conducted through religious leaders and community health workers; Disinfection of water; UNICEF supported with 3 tents, 1 diarrhea disease set pack for 600 cases, 24 cholera beds, biosafety materials, and water purification solution for 5,000 people in 30 days.

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

- In Karonga district UNICEF provided;

- WASH supplies including: 20 sets of portable latrines, for use at CTCs; HTH chlorine, soap, plastic sheeting and tarpaulin; Water collection and storage containers, including Hand washing facilities.
- Health supplies including: 5000 sachets of ORS; 3 boxes of gloves; 20 pairs of gum boots; 20 pairs of heavy duty gloves; 5 rolls of adhesive tape; 40 blankets and 1 tent.
- Conducted community dialogues involving community leaders and cholera affected community members in order to inform programming for response

- In Nkhata bay, UNICEF provided cholera treatment and prevention supplies

- In Lilongwe, UNICEF erected a CTC and provided cholera treatment and prevention 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

- A review of the National cholera response plan is ongoing
- 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 that visits the outbreak areas
- The Water sector in collaboration with Uvinza CHMT have disinfected all wells that were found to be contaminated. Also done is closing down those wells noted to be located where contamination from latrines was imminent

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

- The following supplies and equipments were provided in Uige district;

- 1 portable lab
- 10 bladders of 5000 litres with residual chlorine testing
- 2000 buckets with taps of 20 litre capacity
- 140 boxes of aquatabs (each box with 14,000 pills)
- 4 tents of 72 sq metres for CTCs
- 18 drums of HTH
- 5,000 manuals for hygiene promotion

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
- Solid and liquid waste management is ongoing in Chibombo district
- Inspection of public premises is ongoing in Kabwe district
- Safe burials are supervised by the Council in Mumbwa district
- 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

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
- 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 4,000 at risk households and repaired 3 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.
- 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

- 65,598 IDPs in Kaxda, Kalkal-Bar of Kaxda District, Banaadir region and those from Buuhoodle and Nugal regions were reached by UNICEF through temporary access to water supply by water trucking, voucher and chlorination.
- 11,502 people of Marka town, Lower Shabelle region and Gogqabobe, Balley, Roox and Ceellas villages of Mudug region were reached by UNICEF through the rehabilitation of one shallow well and upgrading of 3 mini water systems into solar powered systems.
- 11,500 people had access to appropriate sanitation facilities in Cabudwaaq district, Galgaduud region; Marka town, Lower Shabelle region, Kaxda district, Banadir region and in Buuhoodle town of Togdheer region; through construction of 290 emergency latrines by UNICEF
- 56,098 people were reached by hygiene promotion message related to cholera prevention

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 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 on going, as well as contact tracing and household disinfection
- Hygiene promotion and health education activities are being carried out with targeted provision of chemoprophylaxis for the members of affected families

Uganda

- Rapid assessment in cholera prone districts
- Implementation of CLTS in cholera prone districts
- Social mobilization to bridge the knowledge gap
- Distribution of key WASH supplies (water purification tabs, Soap and hand washing facilities)
- Conduct water quality testing in Ntoroko district
- Training of health workers in Ntoroko district
- Vaccination of high risk population in cholera hotspots with OCV by May 2018

- Rapid assessment is being conducted by Uganda Red Cross in partnership with UNICEF
- Social mobilization materials with key messages on cholera were sent to Ntoroko district through Uganda Red Cross

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

Kenya: Challenges

- Cross border movements between counties
- Inadequate cholera management logistics
- Most county 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

Uganda: Challenges

- There is a high risk of geographical spread of the cholera outbreak from Ntoroko district, since it's located at the shores of lake Albert

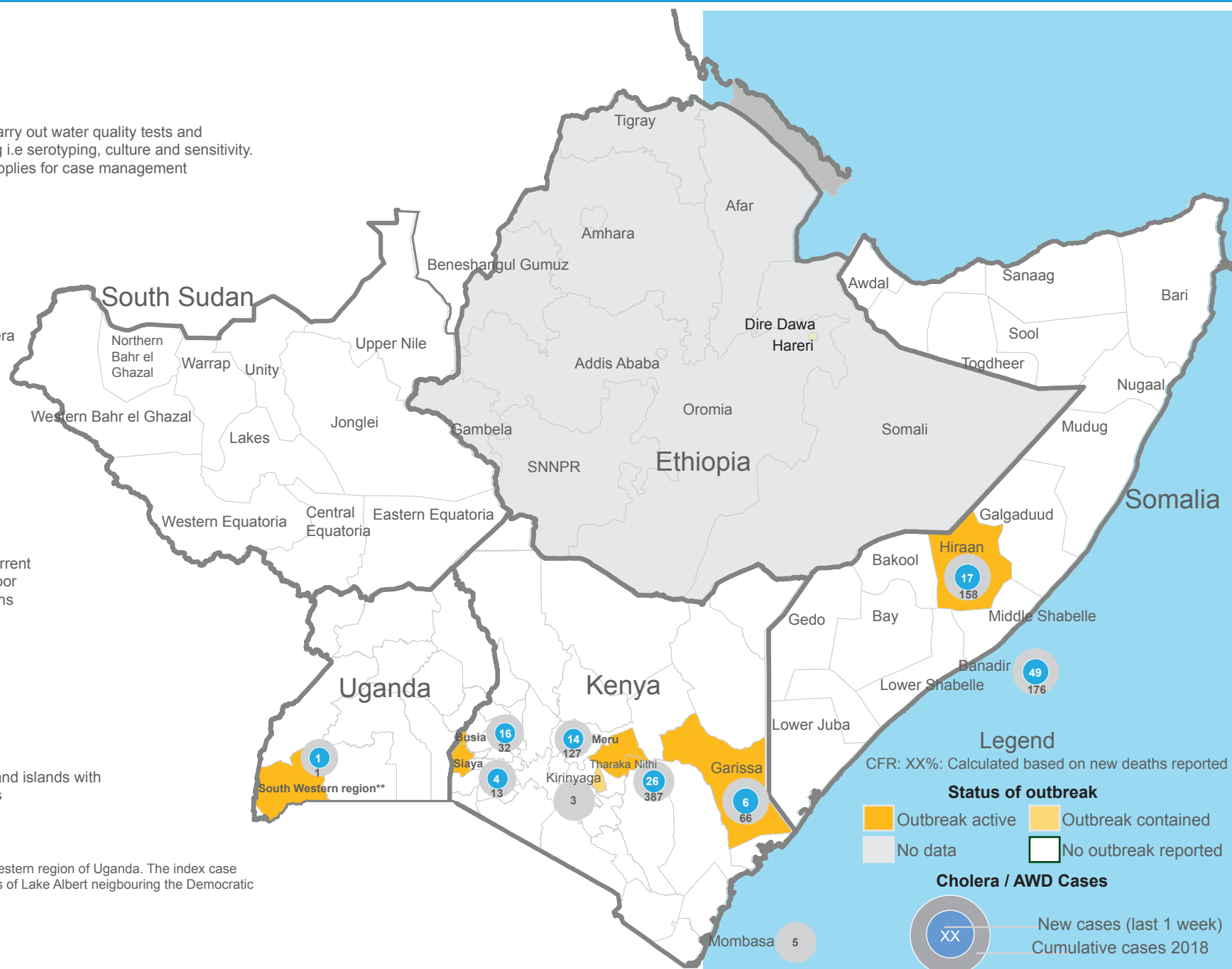
Somalia: Challenges

- 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

- Inadequate funding for all sectors
- Limited access to affected areas
- Population displacements into crowded IDP camps and islands with limited humanitarian access to optimize interventions

**A confirmed Cholera case from Ntoroko district in South Western region of Uganda. The index case was a 19yr old male from Kanara sub-county on the shores of Lake Albert neighbouring the Democratic Republic of Congo



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

Country	Week 1		Week 2		Week 3		Week 4		Week 5		2018 Cumulative			Cumulative since the beginning of outbreaks			Beginning of Outbreaks
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)	
Somalia	90	1	85	0	93	0	66	0			334	1	0.3	95,028	1,668	1.8	March 2016
Kenya	101	1	199	0	194	0	73	1	66	0	817	10	1.2	5,116	99	1.9	October 2016
Tanzania	127	4	49	1	66	0	83	4			325	9	2.8	28,937	475	1.6	August 2015
Malawi	58	0	47	0	23	0					128	0	0.0	426	4	0.9	March 2017
Mozambique	26	0	35	0	52	0	60	0			173	0	0.0	1,402	1	0.1	August 2017
Angola	147	5	124	1	55	0	81	2			407	8	2.0	579	11	1.9	December 2017
Zambia	613	0	636	13	338	4	197	2			1,784	19	1.1	3,635	78	2.1	October 2017
South Sudan	0	0	0	0	0	0	0	0			0	0	0.0	21,556	462	1.8	June 2016
Rwanda	1	0	1	0							2	0	0.0	2	0	0.0	January 2018
Uganda	0	0	0	0	0	0	1	0			1	0	0.0	1	0	0.0	January 2018
Zimbabwe	0	0	0	0	28	4	57	0			85	4	4.7	85	4	4.7	January 2018
Namibia	0	0	0	0	0	0	1	0			1	0	0	1	0	0	January 2018
Burundi	0	0	0	0	0	0	0	0			0	0	0.0	330	0	0.0	December 2016
Madagascar																	
Comoros																	
Swaziland																	
Botswana																	
Eritrea																	
Lesotho																	
South Africa																	
TOTAL											4,057	51	1.3	157,098	2,802	1.8	

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