

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

## Regional Update - as at 20 October 2017



### Highlights

More than 104,095 cholera / AWD cases and 1562 deaths (Case Fatality Rate: 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; Angola, Burundi, Kenya, Malawi, Mozambique, Rwanda, Somalia, South Sudan, Tanzania, Uganda, Zambia and Zimbabwe. Somalia accounts for 75% of the total cases reported in 2017, followed by South Sudan at 15.9%.

In the past 2 weeks (Week 40-41), 8 out of the 21 countries in ESAR have reported active transmission of cholera / AWD (Burundi, Kenya, Malawi, Somalia, South Sudan, Tanzania, Uganda and Zambia), with Tanzania reporting the highest number of new cases (153) in week 40. Of the 8 countries, Kenya and South Sudan have recorded the highest CFR at 1.8% in 2017, followed closely by Uganda (1.7%) and Tanzania (1.6%). CFR for Somalia was above 2% at the beginning of 2017 but has since dropped to 1.4%.

**Somalia:** There has been a slight decrease in the epidemic trend. During week 40 (week ending 8 October 2017), 101 new cases were reported in the country; compared to 126 cases reported in week 39 (Week ending 1 October 2017). All the new cases emerged from Somali land where most affected regions are Togdheer, Awdal and Majeex.

**Kenya:** 3 Counties (Nairobi, Garissa and Kajiado) have an active cholera outbreak. During week 41 (week ending 15 October 2017), 41 new cases including 2 deaths (CFR 4.9%) were reported compared to 40 cases reported in week 40.

**South Sudan:** A declining trend in cholera cases has been noted over the past 4 weeks. Most of the cases have emerged from Juba and Budi Counties. During week 40, 43 new cases were reported; compared to 40 cases reported in week 39.

**Tanzania:** During week 40, 153 new cases including 1 death (CFR 0.7%) have been reported; compared to 119 cases including 2 deaths (CFR 0.4%) in week 39. New cases emerged from Tanga, Mbeya, Iringa and Songwe regions.

**Malawi:** 6 new cases have been reported in Week 41. These cases emerged from Chikwawa district.

**Burundi:** During week 40, 6 new cases were reported. These cases emerged from Bubanza, Isare and Cibitoke provinces.

**Zambia:** A new cholera outbreak has been reported from the 4 October 2017. A total of 69 cases have been reported since then. The cases emerged from Chipata and Kanyama districts in Lusaka

**Uganda:** A new cholera outbreak was notified on 26 September 2017. A total of 178 cases including 3 deaths (CFR: 1.7%) have been reported since then. Of these cases, 23 were reported in week 41. These cases emerged from Kasese and Nebbi districts.

**Table: Summary of Cholera / AWD Outbreaks by Country**

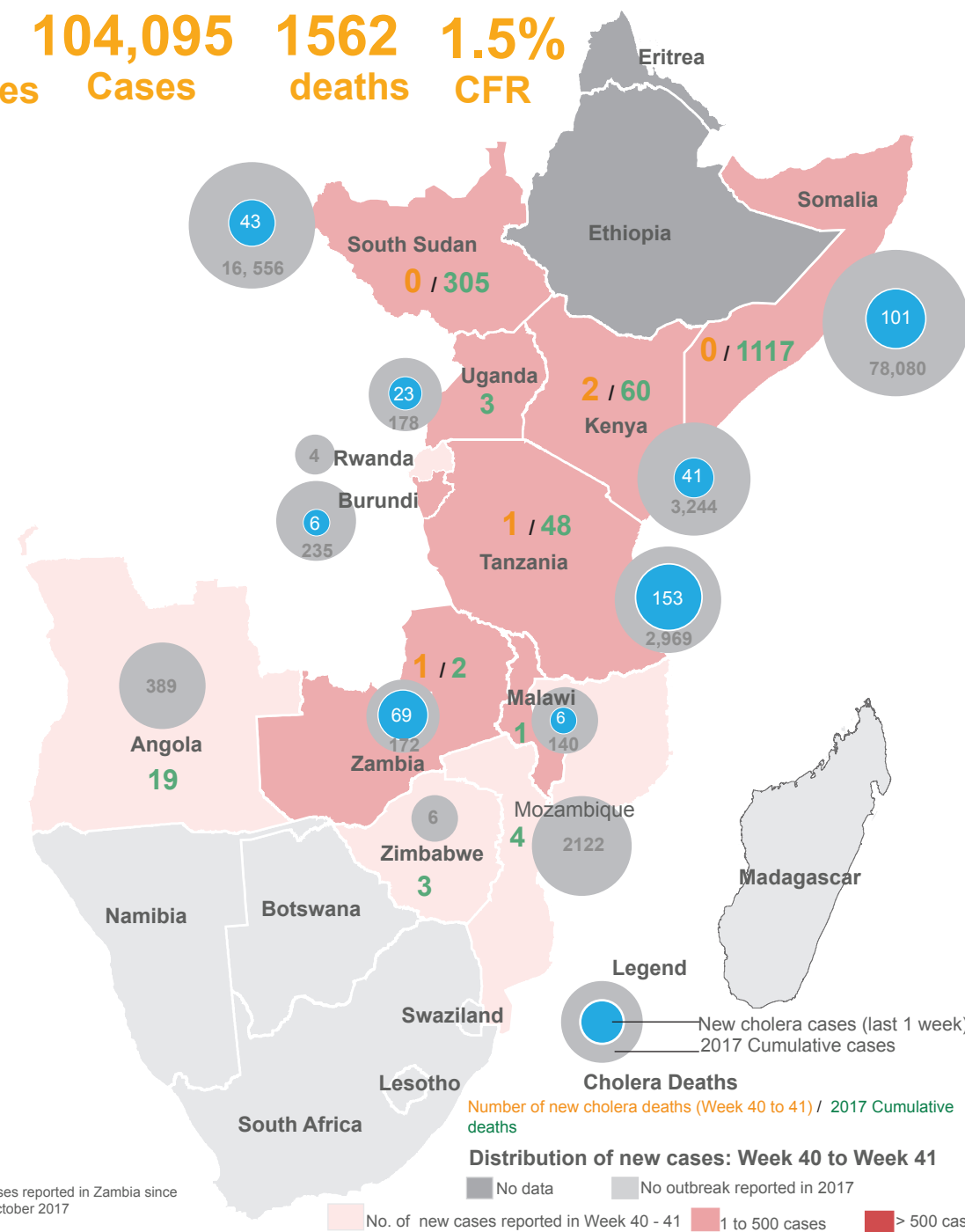
Country	Start Date	Cumulative no. of cases	Cumulative no. of deaths	Status
Somalia	March 2016	93,780	1,666	Ongoing
Tanzania	August 2015	26,969	420	Ongoing
South Sudan	June 2016	20,731	378	Ongoing
Kenya	October 2016	3,344	64	Ongoing
Mozambique	January 2017	2122	4	Controlled
Angola	December 2016	490	26	Controlled
Burundi	December 2016	235	0	Ongoing
Uganda	September 2017	178	3	Ongoing
Malawi	March 2017	140	1	Ongoing
Zambia	October 2017	69**	1	Ongoing
Zimbabwe	November 2016	16	4	Controlled
Rwanda	January 2017	4	0	Controlled

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

Creation date: 20 October 2017

Sources: Ministries of Health and WHO

**12 Countries** **104,095 Cases** **1562 deaths** **1.5% CFR**



### Legend

● New cholera cases (last 1 week)  
● 2017 Cumulative cases

### Cholera Deaths

Number of new cholera deaths (Week 40 to 41) / 2017 Cumulative deaths

### Distribution of new cases: Week 40 to Week 41

■ No data ■ No outbreak reported in 2017  
■ No. of new cases reported in Week 40 - 41 ■ 1 to 500 cases ■ > 500 cases

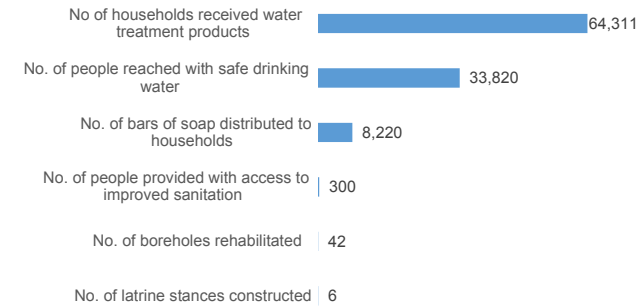
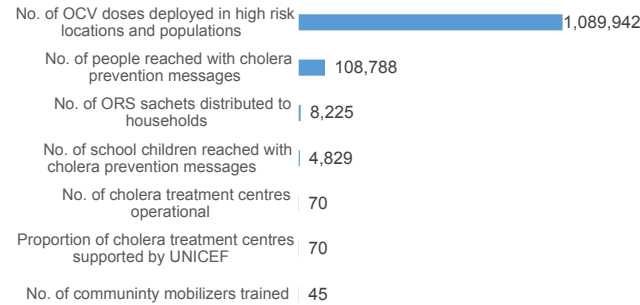
# Country Priorities and Response Interventions

## Country Priorities

## Response Interventions

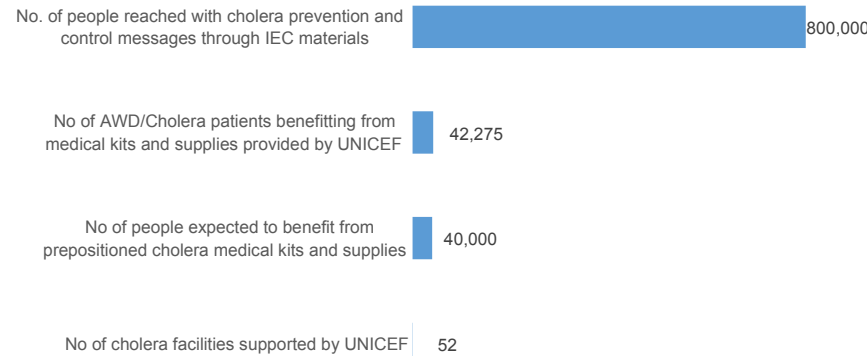
South  
Sudan

- 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



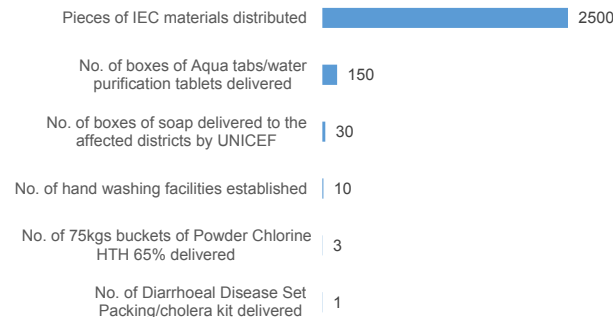
Kenya

- 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

Uganda

- Support risk communication
- Implement long term interventions including; WASH, capacity building of health workers and establishment of a community surveillance system



# Country Priorities and Response Interventions

## Country Priorities

## Response Interventions

### Malawi

- Prepositioning of cholera supplies
- Training, supervision and mentoring of health workers in CTUs
- Monitoring and maintaining adequate stock levels of cholera supplies in Chikwawa district
- 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 in Chikwawa district
- 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

- A CTC built in Chikwawa hospital
- WASH supplies provided to Chikwawa district
- Chlorine provided to all villages in Chikwawa district

### Tanzania

- Develop a cholera elimination plan for Zanzibar
- Advocacy and partnerships for resource mobilization
- Capacity building of medical personnel on cholera case management
- Provision of critical supplies like chlorine products, ORS and hygiene promotional materials in most at risk regions
- Social Mobilisation to prevent and control cholera
- Follow up on construction of toilets

- Ongoing community education on prevention and control of cholera through villages and schools in Iringa and Songwe DC
- Enforcement of Public health law through environmental health officers with temporally closure of food vending restaurants not abiding with the regulations
- 40 boxes of Jumbo aqua tabs provided by UNICEF to temeke municipal council in Dar-es-salaam

### Burundi

- Improve case management
- Improve water supply

Response interventions in Nyanza Lac include:

- 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

### Zambia

- Provision of WASH Supplies, including chlorine (liquid and granular) in affected districts (Chipata and Kanyama)
- Scale-up solid waste management in affected districts
- Increase access to safe drinking water in affected districts
- Provide medical and lab supplies

- The MoH (through the Zambia National Public Health Institute) has intensified surveillance and case management.
- Two CTCs have been established and operational at Chipata and Kanyama Health facilities
- WHO has provided three vehicles to support day to day transport requirements for the response teams
- UNICEF has procured 2,000 kg of calcium hypochlorite for disinfection purposes
- USAID has delivered 60,000 bottles of liquid chlorine for household water disinfection

## Upcoming Activities

- An ongoing 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 October 2017

## Kenya: Challenges

- The ongoing nurses' industrial action
- 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

- High attrition rate of health workers affects the process of building their capacities

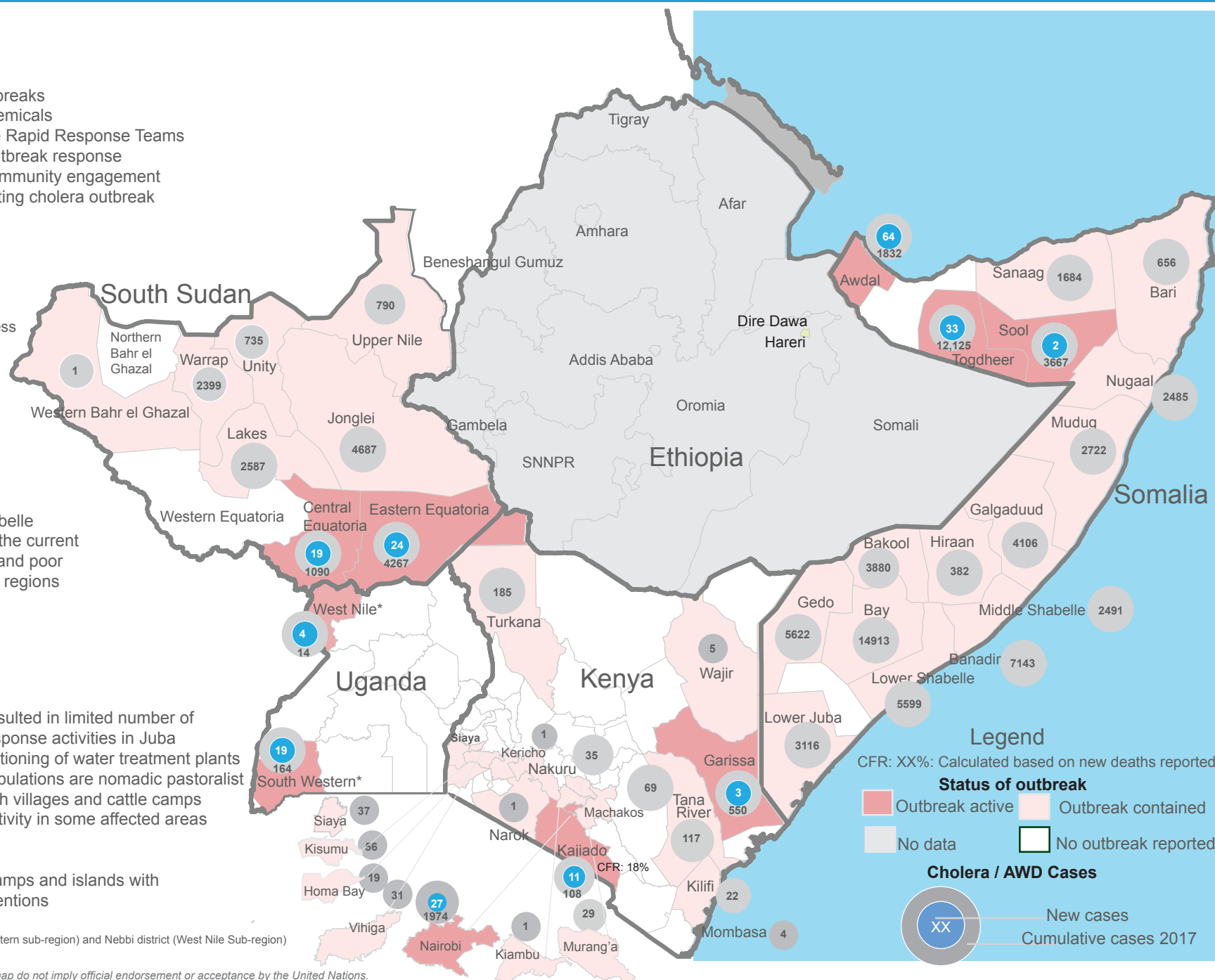
## Somalia: Challenges

- Insecurity in Bay, Bakool, 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 all sectors. This has resulted in limited number of 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

\*New cases from Uganda emerged from Kasese district (South Western sub-region) and Nebbi district (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.

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

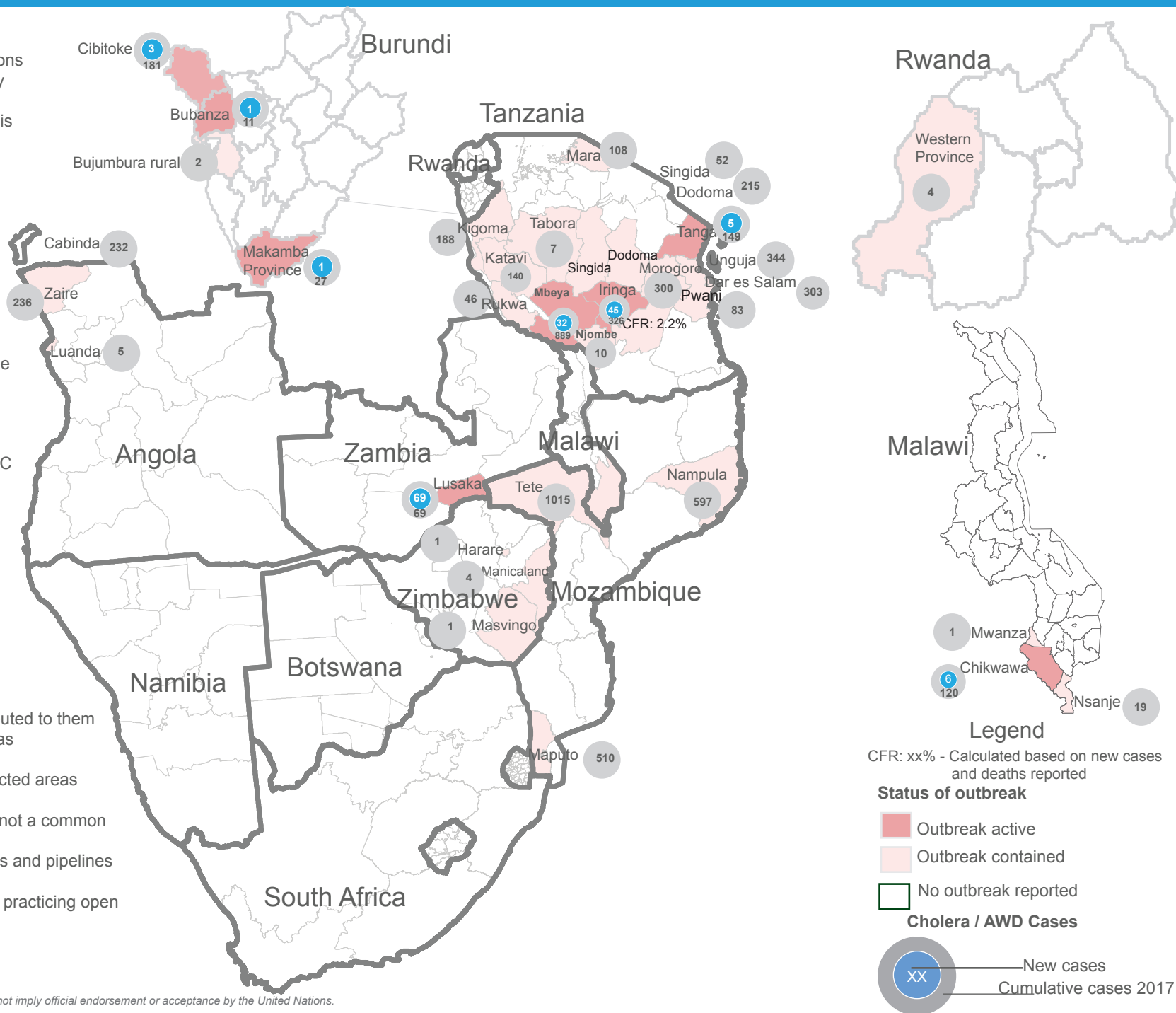
- Breakdown of water supply system
- Cross border movements between Burundi and DRC
- Low Sanitation coverage
- Insufficient access to safe water in the city centre

## Challenge: Zambia

- Affected areas are largely peri-urban, with limited access to WASH services

## 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
- 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





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

Country	Wk 1 to WK 36		Week 37		Week 38		Week 39		Week 40		Week 41		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	59,769	836	61	0	92	0	126	0	101	0			78,080	1117	1.4%	93,780	1,666	1.8%
Kenya	1,325	15	49	1	37	1			40	1	41	2	3244	60	1.8%	3344	64	1.9%
South Sudan	6,302	187					40	0	43	0			16,556	305	1.8%	20,731	378	1.8%
Tanzania	2,611	37	236	1	125	1	119	2	153	1			2,969	48	1.6%	26,969	420	1.6%
Burundi	47	0	4	0	3	0	6	0	6	0			235	0	0	235	0	0
Malawi	107	1	2	0	12	0	7	0	6	0	6	0	140	1	0.7%	140	1	0.7%
Uganda	0	0	0	0	0	0	83	3	72	0	23	0	178	3	1.7%	178	3	1.7%
Zambia	103	1	0	0	0	0	0	0			69	1	172	2	1.2%	69	1	1.4%
Zimbabwe	6	3	0	0	0	0	0	0	0	0	0	0	6	3	50%	16	4	25%
Mozambique	2,122	4	0	0	0	0	0	0	0	0	0	0	2,122	4	0.2%	2,122	4	0.2%
Angola	389	19	0	0	0	0	0	0	0	0	0	0	389	19	4.9%	490	26	5.3%
Rwanda	4	0	0	0	0	0	0	0	0	0	0	0	4	0	0%	4	0	0.0%
Madagascar																		
Comoros																		
Swaziland																		
Botswana																		
Eritrea																		
Lesotho																		
Namibia																		
South Africa																		
TOTAL													104,095	1,562	1.5	127,347	2,567	2.0%

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