

Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa

Regional Update for 2019 - as of 5 March 2019



Highlights

Approximately, 1,681 cholera / AWD cases including 13 deaths have been reported in 7 out of the 21 countries in Eastern and Southern Africa Region (ESAR); with an average Case Fatality Rate of 0.8%, since the beginning of 2019. These countries include; Angola, Burundi, Kenya, Tanzania, Somalia, Uganda and Zimbabwe. Apart from Kenya, outbreaks from the rest of the countries spilled over from 2018. Kenya accounts for 51.3 % (863) of the total case load reported this year, followed by Somalia at 31.2% (524). Highest Case Fatality Rates (CFR) in 2019 have been recorded in Zimbabwe (6.2%), Uganda (5.7%) and Tanzania (2.9%).

Of the 7 countries with reported cholera / AWD outbreaks in ESAR since week 1 of 2019, 5 (Somalia, Kenya, Tanzania, Zimbabwe and Burundi) have ongoing cholera outbreaks. During the week under review, Somalia reported the highest number of new cases (61 cases).

Somalia: An increase in the epidemic trend has been noted in the last two weeks. During week 8 (week ending 24 February 2019), 61 new cases were reported from Banadir Region compared to 43 cases reported in week 7 (week ending 17 February 2019). Cumulatively a total of 524 cases with no deaths have been reported since the beginning of 2019. All cases emerged from the following districts in Banadir region including; Hamra Jabja (15; Attack Rate 0.02), Shingani (15; Attack Rate 0.03), Karaan (9; Attack Rate 0.0) and Hawlwadag (8; Attack Rate 0.01). Majority (59%) of the recorded cases in week 7 and 8 were children Under five years.

Kenya: A decline in the epidemic trend has been noted in the last two weeks. During week 8, 19 new cases were reported compared to 42 cases including 1 death (CFR, 2.4%) reported in week 7. These new cases emerged from Kajiado County. Cumulatively, a total of 863 cases with 34 confirmed and 3 deaths (CFR, 0.4%) have been reported since the onset of the latest wave of the cholera outbreak on 2 January 2019. Risks of transmission have been amplified by; unfavourable behaviours such as open defecation, inadequate or no sanitation coverage, over reliance on already contaminated EWASO Nyiro river for domestic water supply and lack of alternative water sources.

Zimbabwe: An additional 3 cholera cases were reported from Murehwa (2) and Mt. Darwin (1) districts during epidemiological week 8. The same number of cases (3 cases) were reported during the previous week - epidemiological week 7. Cumulatively, a total of 10,722 cases including 69 deaths have been reported since the beginning of the outbreak on 5 September 2018. Of these, a total of 65 (0.6%) cases and 4 (5.8%) deaths have been reported since the beginning of 2019. Cases reported since the beginning of 2019 have emerged from, 6 out of 10 provinces in Zimbabwe including; Mashonaland East (40), Mashonaland Central (16), Masvingo (5), Midlands (2), Manicaland (1), and Matabeleland South (1).

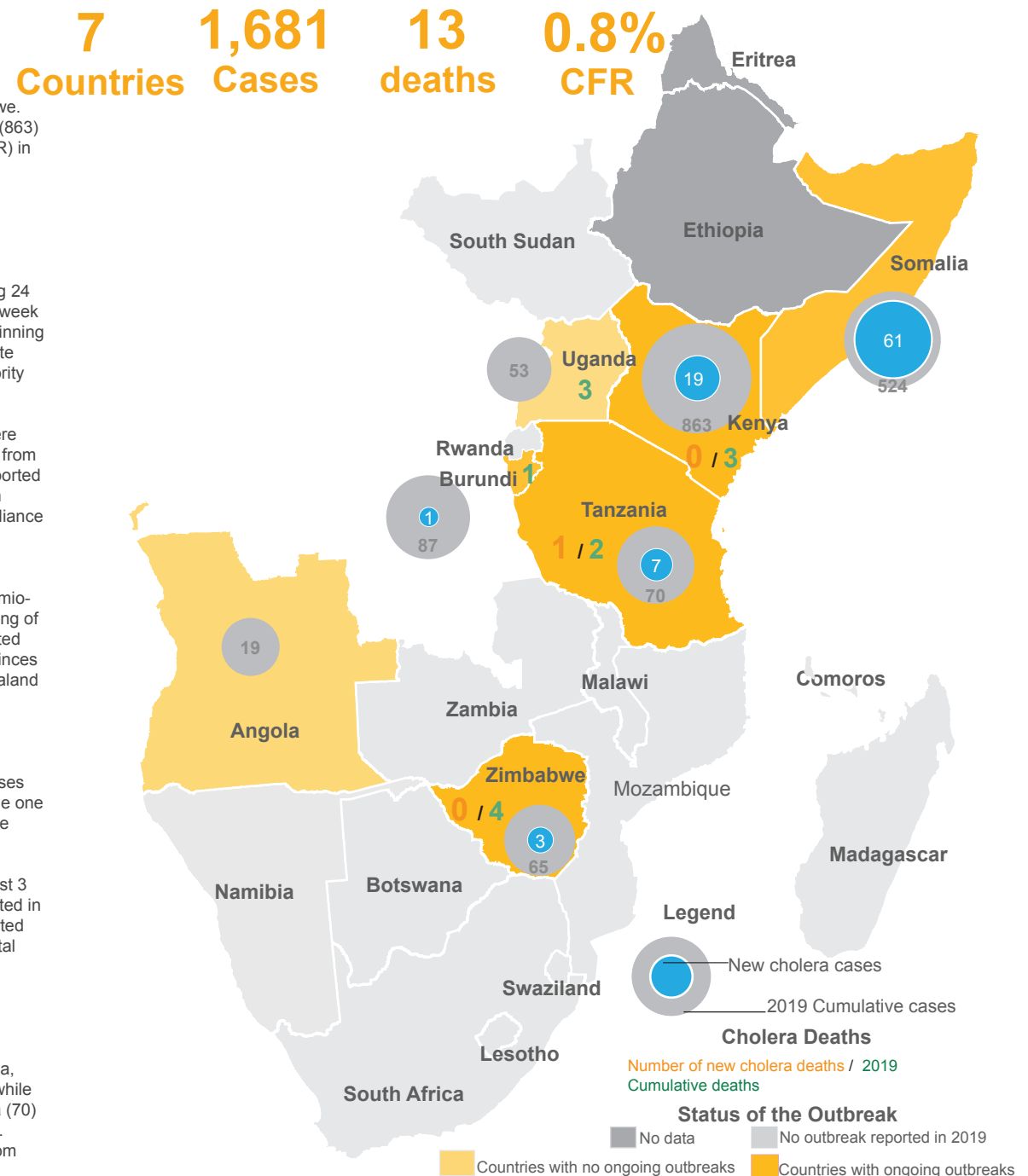
Tanzania: A decline in the epidemic trend has been noted in the last two weeks. During week 8, 7 new cases including 1 death (CFR, 14.3%) were reported compared to 12 cases reported in week 7. This raises the total number of cholera cases reported since the beginning of 2019 to 70, including 2 deaths (CFR, 2.9 %). New cases emerged from Simanjiri district in Manyara region (6 cases) and Korogwe district in Tanga region (1 Case). The one case that was reported in Korogwe district died. Cumulatively a total of 33,391 cases including 552 deaths have been reported since the beginning of the outbreak in August 2015.

Burundi: The new outbreak which was declared on 28 December 2018 has been on a natural decline in the past 3 weeks (Week 6 to week 8). During week 8, 1 new case was reported from Cibitoke compared to 2 cases reported in week 7. Cumulatively, as of 25 February 2019, a total of 189 cases including 2 deaths (CFR, 1.1%) were reported since the beginning of the outbreak. The outbreak was attributed to heavy rains that led to flooding in the coastal areas of Lake Tanganyika.

Urban - Rural Disaggregation of Cholera Cases

An analysis of cholera cases reported since the beginning of 2019 from five countries (Angola, Kenya, Tanzania, Uganda and Zimbabwe) reveals that overall, rural areas account for 81.6 % (872 cases) of the total caseload while urban areas account for the remaining 18.4% (197 cases). All cases reported in Zimbabwe (65) and Tanzania (70) emerged from rural areas; while all cases reported in Uganda (53) and Angola (19) emerged from urban areas. 85.5% (737) of cases reported in Kenya emerged from rural areas and the remaining 14.5% (125) emerged from urban areas.

Creation date: 5 March 2019



Sources: Ministries of Health and WHO

Country Priorities and Response Interventions

Country Priorities

Response Interventions

Kenya

- Sustain risk communication in the affected community in Kajiado County
- Strengthen surveillance by carrying out active case search and water quality surveillance in Kajiado County
- Scale-up house hold water treatment in Kajiado county
- Develop / Update Multisectoral cholera preparedness and response plan

- Water treatment chemicals have been distributed in the affected areas in Kajiado County
- Community sensitization is being conducted in schools and all the affected villages
- Water trucking to affected communities is ongoing
- The county teams are line listing the cases, conducting contact tracing and prophylaxis of the contacts

Zimbabwe

- Strengthen cholera case management training sessions for health professionals with more practical bed-side demonstrations in affected areas
- Enhance coordination between hospital, Laboratory, supply chain and emergency response teams
- Intensify awareness programs on health education, nutrition, ORS and Zinc promotion, safe clean water and sanitation
- Revise Cholera guidelines based on available global and local evidences
- Provision of safe water through promotion of point of use water treatment methods
- Support weekly surveillance and reporting activities by WASH Provincial Focal Agencies (PFAs)

Overall

- 1 127,589 people reached with key health and hygiene messages in cholera affected areas including the 3 new affected districts of Mt Darwin, Mrehwa, Bikita, Mtoko and Mberengwa.
- 1153 Community health Volunteers trained and disseminating health and Hygiene education. 1068 School Health Masters trained on critical WASH related information to prevent cholera.
- 17,974 families have received kits, comprising of soap for handwashing, point of use water treatment and IEC materials through support from UNICEF, Higher life Foundation, Oxfam, WHH, Mercy corps, Christian Care, Save the Children, World Vision and ADRA.
- 686,253 people reached with safe water through water trucking (private companies) and distribution of household water treatment chemicals by partners in the affected areas and borehole repairs.
- 139,140 people accessing handwashing facilities provided with running water and soap at bus stations, markets and churches.

In Harare

- UNICEF supported setting up and strengthening of case investigation teams through the Case Area Targeted Interventions (CATIs) approach against Cholera, with mixed teams from City of Harare and NGO partners Oxfam and Goal.
- 8 Rapid Response Teams activated (6 based in Glenview and 2 based at BRIDH) and supported with 8 vehicles and data clerks.
- From the 20th of November 2018 to date the RRTs have directly reached 652 suspected cholera cases and an additional 10 to 15 households within 50-100 meters of each suspected case
- 25 bucket chlorination points activated – 7 for Glen View/ Budiriro (3 Bucket Chlorination Points Closed and inline chlorinators were installed), 10 Active in Mbare and 5 in Kuwadzana

Burundi

- Strengthening the surveillance system, especially in the 3 affected provinces (Burumbura, Cibitoke and Rumonge)
- Increase testing for water quality
- Media campaign and community awareness activities to promote good practices and avoid local myths and misconceptions around cholera

- Water samples testing and further screening among selected patients continue to be carried out by the National Research Institute (INSP)

- Home disinfection and water treatment in areas with new cases are also conducted systematically

- Capacity strengthening initiatives of 100 health workers were completed to ensure continuous sensitization programmes in high risk districts

Tanzania

- Follow up closely with communities on construction of toilets in the affected areas and ensure adherence to by-laws
- Capacity building of medical personnel on proper handling of cholera cases
- Increase the number of various cadres of health personnel (from the community level to higher levels of the health system) in affected areas
- Delivery of clean and safe water in areas affected by cholera

- In Korogwe DC, community-based interventions including; health education and distribution of Aqua tabs are being implemented at a house hold level

Annex 1: Distribution of Cholera and AWD Outbreaks in the Horn of Africa and Challenges in Response - as from 1 of January 2019

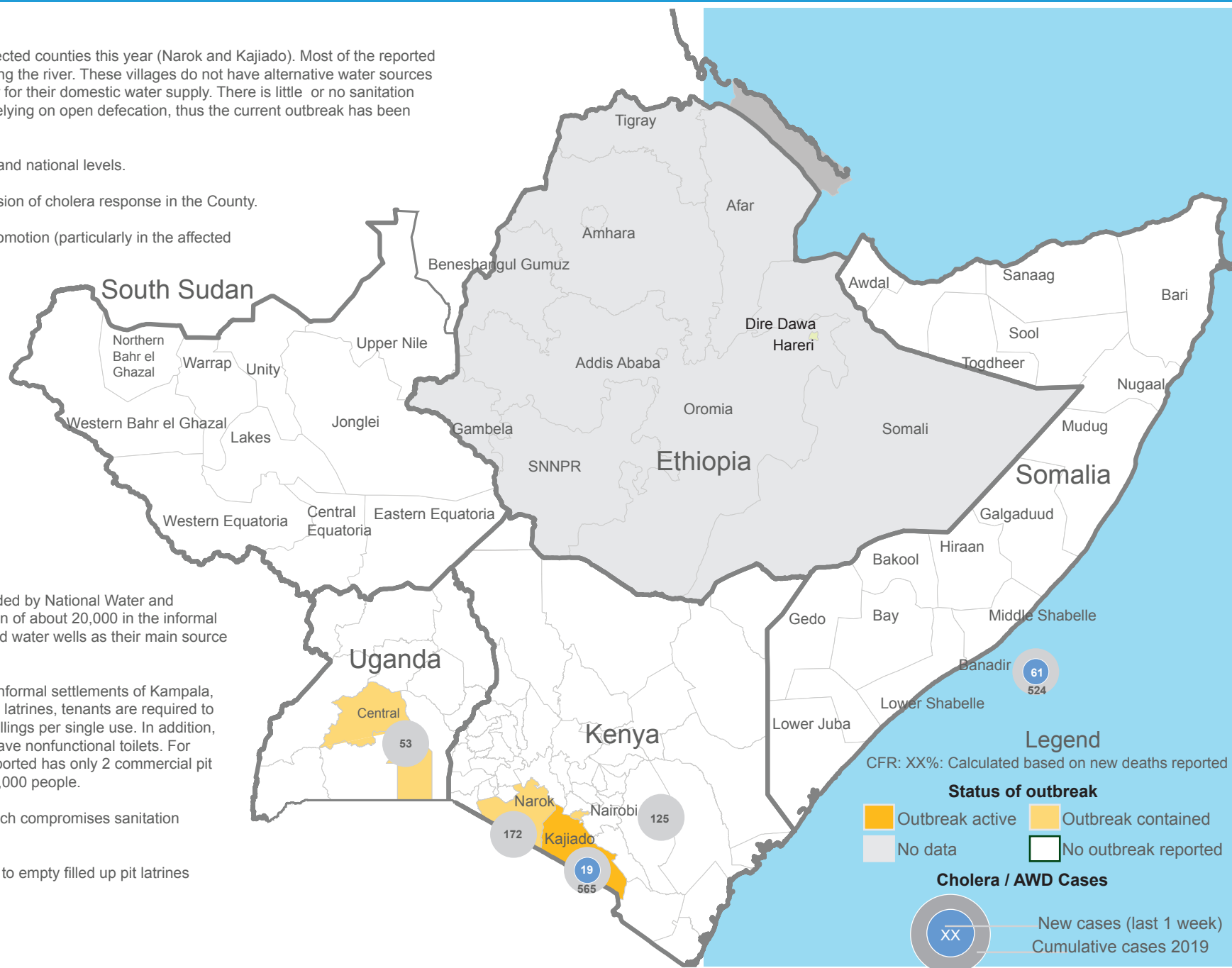
Kenya: Challenges

- The Ewaso Nyiro river cuts across two of the affected counties this year (Narok and Kajiado). Most of the reported cholera cases emerged from villages located along the river. These villages do not have alternative water sources for their domestic needs, instead rely on the river for their domestic water supply. There is little or no sanitation coverage in the affected areas, with population relying on open defecation, thus the current outbreak has been associated to contaminated water from the river.
- Weak multi-sectoral coordination both at county and national levels.
- There has been limited coordination and supervision of cholera response in the County.
- Limited Community Mobilisation and Hygiene Promotion (particularly in the affected communities and in the CTCs/ hospitals)

Uganda: Challenges

- Low access to clean water, 100 stand taps provided by National Water and Sewerage Company are few to serve a population of about 20,000 in the informal settlements. People continue to use contaminated water wells as their main source of water.
- Lack of proper excreta disposal mechanisms in informal settlements of Kampala, most of the rented one-roomed house don't have latrines, tenants are required to pay for toilet facilities at a rate of 200 Uganda shillings per single use. In addition, some communities either lack toilet facilities or have nonfunctional toilets. For instance, Sembule zone where the index was reported has only 2 commercial pit latrines serving a population of approximately 20,000 people.
- Poor drainage system in informal settlement, which compromises sanitation conditions
- Expensive private cesspool empties and gulpers to empty filled up pit latrines

*Cholera cases in Uganda emerged from Kampala



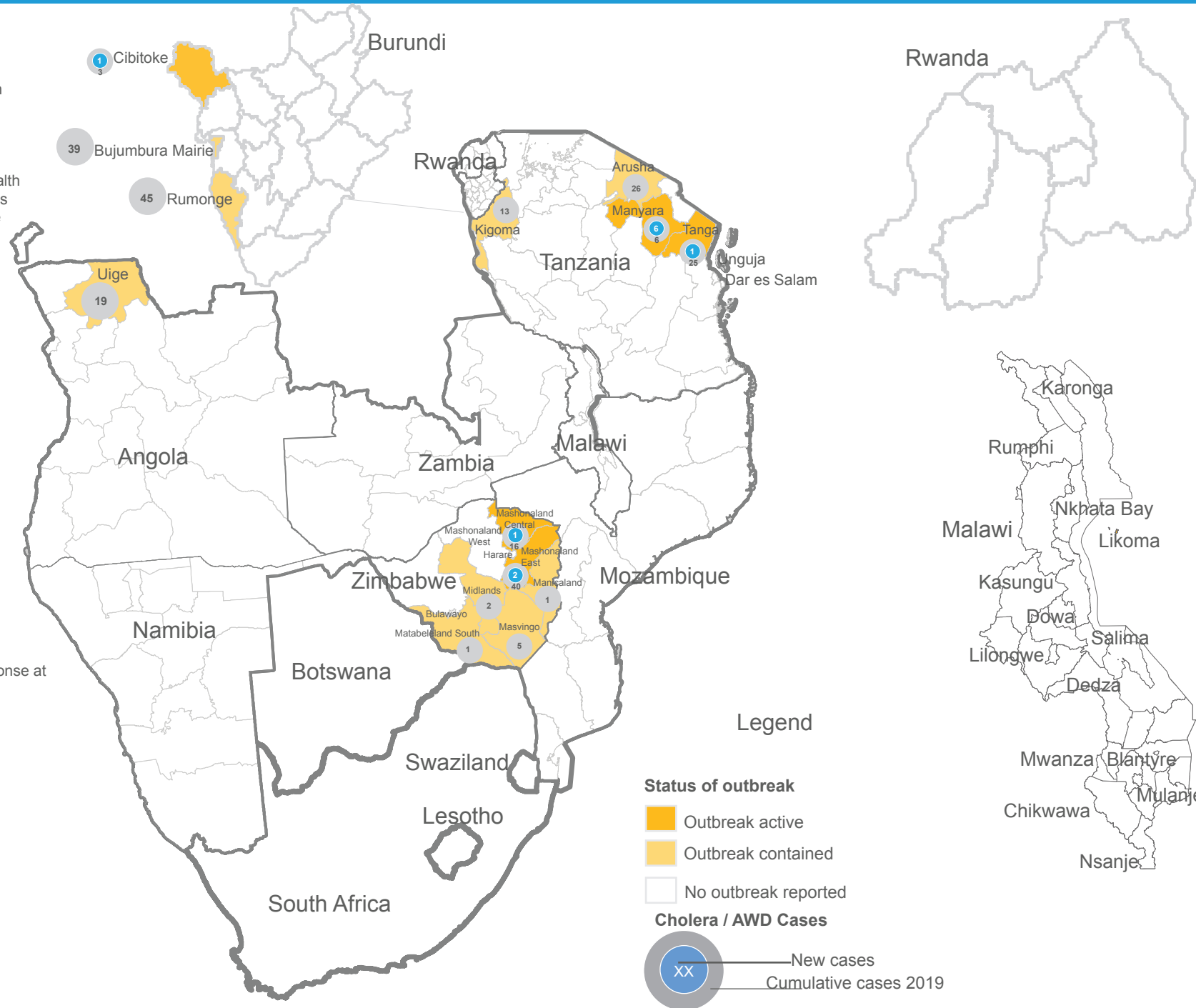
Annex 2: Distribution of Cholera / AWD outbreaks in Southern Africa and Challenges in Response - as from 1 of January 2019

Challenges: Zimbabwe

- People in affected areas still prefer borehole water than tap water for drinking, generating the need to ensure good social mobilization and either chlorination at point of use or at point of collection
- It's a challenge to reach the Apostolic Sect with key health and hygiene education messages. The suspected cases reported outside Harare are directly linked to one of the Apostolic Sect gatherings

Challenges: Tanzania

- There are limited number of staff to support in the response at all levels (case management at CTCs and prevention)
- The community's 1st line of treatment for all ailments is traditional medicine hence majority of cases arrive at the health facility very late
- Cultural practices/rituals that promote the transmission of cholera



Annex 3: Weekly Reported Cholera / AWD Cases and Deaths in 2019, for Countries in Eastern and Southern Africa Region

Country	Week 6		Week 7		Week 8		2019 Cumulative			2018 Cumulative			2017 Cumulative			Cumulative since the beginning of the outbreak			Beginning of Outbreaks	Status of the outbreak
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)		
Kenya	149	0	42	1	19	0	863	3	0.3	5,782	78	1.3	4129	76	1.8	863	3	0.3	Jan-19	Active
Somalia	104	0	43	0	61	0	524	0	0	6,447	45	0.7	78,596	1118	1.4	524	0	0.0	Jan-19	Active
Burundi	7	0	2	0	1	0	87	1	1.1	104	1	1.0	330	0	0.0	189	2	1.0	Dec-18	Active
Zimbabwe	20	0	3	0	3	0	65	4	6.2	10,807	71	0.7	6	3	50.0	10,722	69	0.6	Sep-18	Active
Uganda	6	1	0	0	0	0	53	3	5.7	2,699	60	2.2	253	2	2.0	53	3	5.7	Dec-18	Controlled
Tanzania	16	0	12	0	7	1	70	2	2.9	4,688	84	1.8	4,276	76	1.8	33,391	552	1.7	Aug-15	Active
Angola	0	0	0	0			19	0	0	1262	18	1.4	389	19	4.9	331	3	0.9	Sep-18	Controlled
Malawi	0	0	0	0	0	0	0	0	0	785	28	3.6	152	2	0.7	940	33	3.4	Nov-17	Controlled
Mozambique	0	0	0	0	0	0	0	0	0	863	3	0.3	3,274	5	0.2	2,435	3	0.1	Aug-17	Controlled
Zambia	0	0	0	0	0	0	0	0	0	4,127	55	1.3	747	18	2.4	5,935	114	1.9	Oct-17	Controlled
Rwanda	0	0	0	0	0	0	0	0	0	3	0	0.0	5	0	0.0	3	0	0.0	Jan-18	Controlled
South Sudan	0	0	0	0	0	0	0	0	0	0	0	0.0	17,285	387	2.2					
Namibia																				
Madagascar																				
Comoros																				
Swaziland																				
Botswana																				
Eritrea																				
Lesotho																				
South Africa																				
TOTAL							1,681	13	0.8	37,565	443	1.2	109,442	1709	1.6	55,386	782	1.4		

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