

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

## Regional Update - as at 5 October 2017



### Highlights

More than 102,814 cholera / AWD cases and 1551 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 76.6% of the total cases reported in 2017, followed by South Sudan at 15.9%.

In the past 4 weeks (Week 36-39), 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 (125) in week 38. 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 slight increase in the epidemic trend. During week 38 (week ending 24 September 2017), 92 new cases were reported in the country; compared to 61 cases reported in week 37 (Week ending 17 September 2017). All the 92 new cases reported in week 38 emerged from Somali land. Most affected regions are Togdheer, Awdal and Mjeex.

**Kenya:** 5 out of the 47 Counties (Nairobi, Garissa, Vihiga, Nakuru and Machakos) have an active cholera outbreak. During week 38, 37 new cases including 1 death (CFR 2.7%) were reported compared to 49 cases reported in week 37.

**South Sudan:** A declining trend in cholera cases has been noted over the past 3 weeks. 3 Counties have active transmission (Juba, Budi and Kapoeta South). During week 36 (Week ending 10 September 2017), 18 new cases were reported; compared to 21 cases reported in week 35 (week ending 3 September 2017).

**Tanzania:** A decrease in epidemic trend was noted in week 38, 125 new cases including 1 death (CFR 0.8%) have been reported; compared to 236 cases including 1 deaths (CFR 0.4%) in week 37. New cases emerged from Tanga, Mbeya, Iringa, Kigoma and Songwe regions.

**Malawi:** Current outbreak started within the catchment area of the Chikwawa Hospital. 7 new cases have been reported in Week 39 (week ending 1 October 2017); compared to 12 cases in week 38.

**Burundi:** During week 38, 3 new cases were reported; compared to 4 cases in week 37. These cases emerged from the city center of Nyanza Lac (Makamba) and Bubanza province.

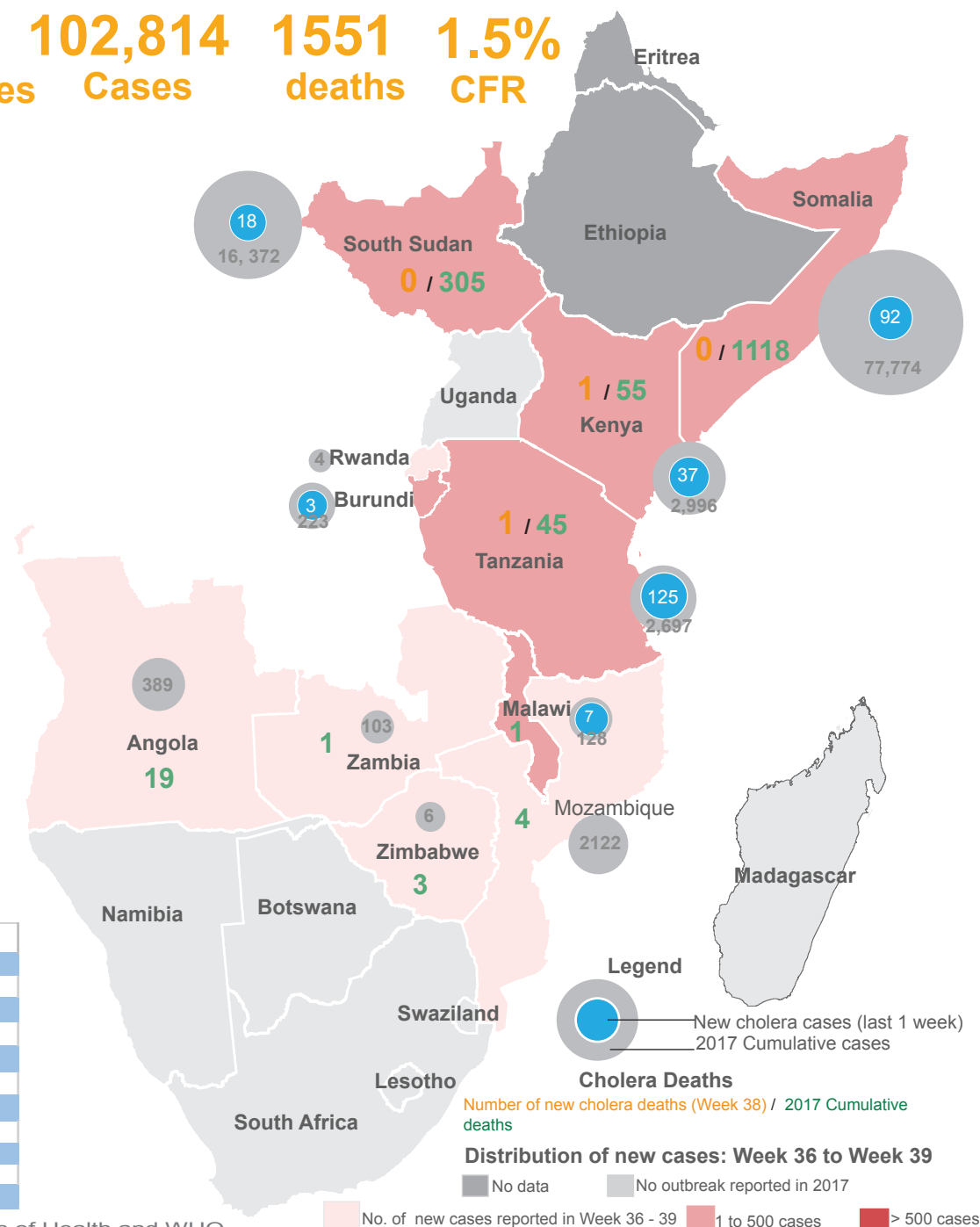
**Table: Summary of Cholera / AWD Outbreaks by Country**

Country	Start Date	Cumulative no. of cases	Cumulative no. of deaths	Status
Somalia	March 2016	93,474	1,666	Ongoing
Tanzania	August 2015	26,697	417	Ongoing
South Sudan	June 2016	20,547	386	Ongoing
Kenya	October 2016	3,096	59	Ongoing
Mozambique	January 2017	2122	4	Controlled
Zambia	February 2016	1482	33	Controlled
Angola	December 2016	490	26	Controlled
Burundi	December 2016	223	0	Ongoing
Malawi	March 2017	128	1	Ongoing
Zimbabwe	November 2016	16	4	Controlled
Rwanda	January 2017	4	0	Controlled

Creation date: 5 October 2017

Sources: Ministries of Health and WHO

**11 Countries** **102,814 Cases** **1551 deaths** **1.5% CFR**



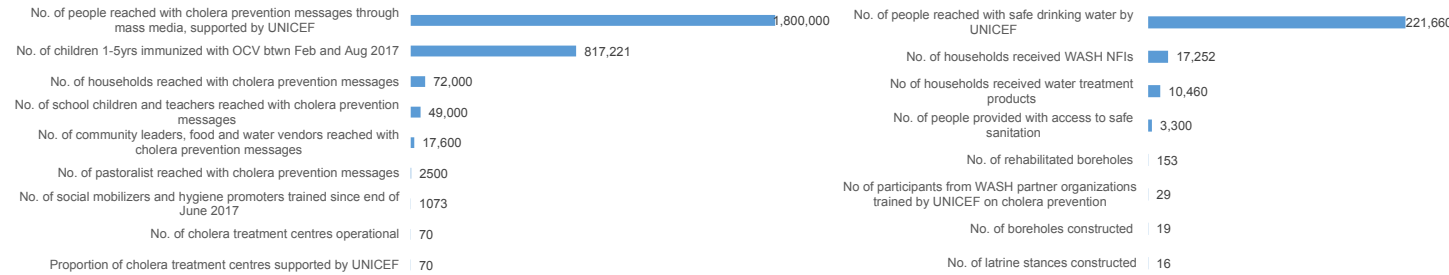
# Country Priorities and Response Interventions

## Country Priorities

## Response Interventions

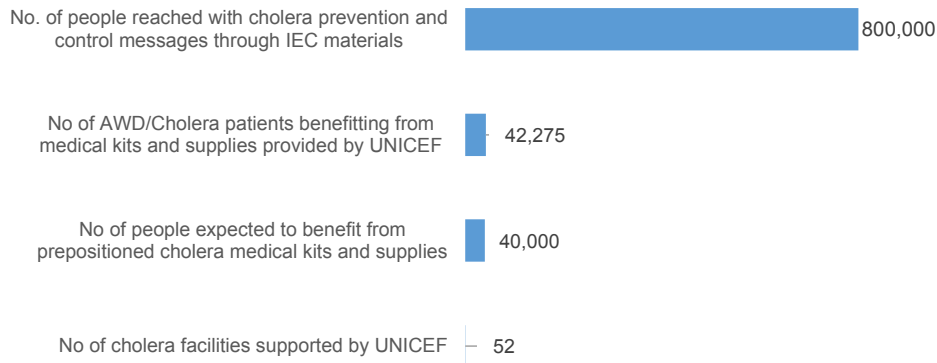
### South Sudan

- 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

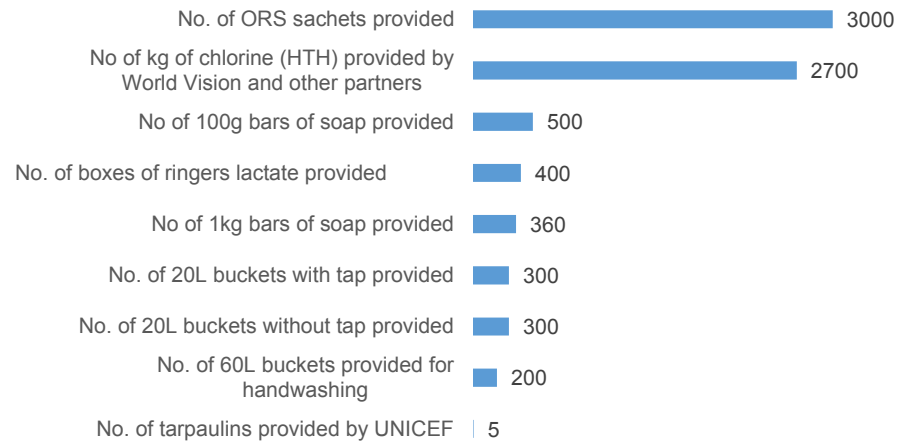
# Country Priorities and Response Interventions

## Country Priorities

## Response Interventions

### Malawi

- 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



### 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 IEC materials in most at risk regions
- Social Mobilisation to prevent and control cholera
- Follow up on construction of toilets

- UNICEF has supported five regions with 2,112,000 water guard tablets, 1 Wagtech (Potatest+) field test kit and 40 boxes Jumbo agua tabs for bulky chlorination
- Medical supplies given include giving set, ringer's lactate, gumboots and aprons
- UNHCR has contributed ORS to support Kigoma municipal council

### 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

## 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 - 5 October 2017

## Kenya: Challenges

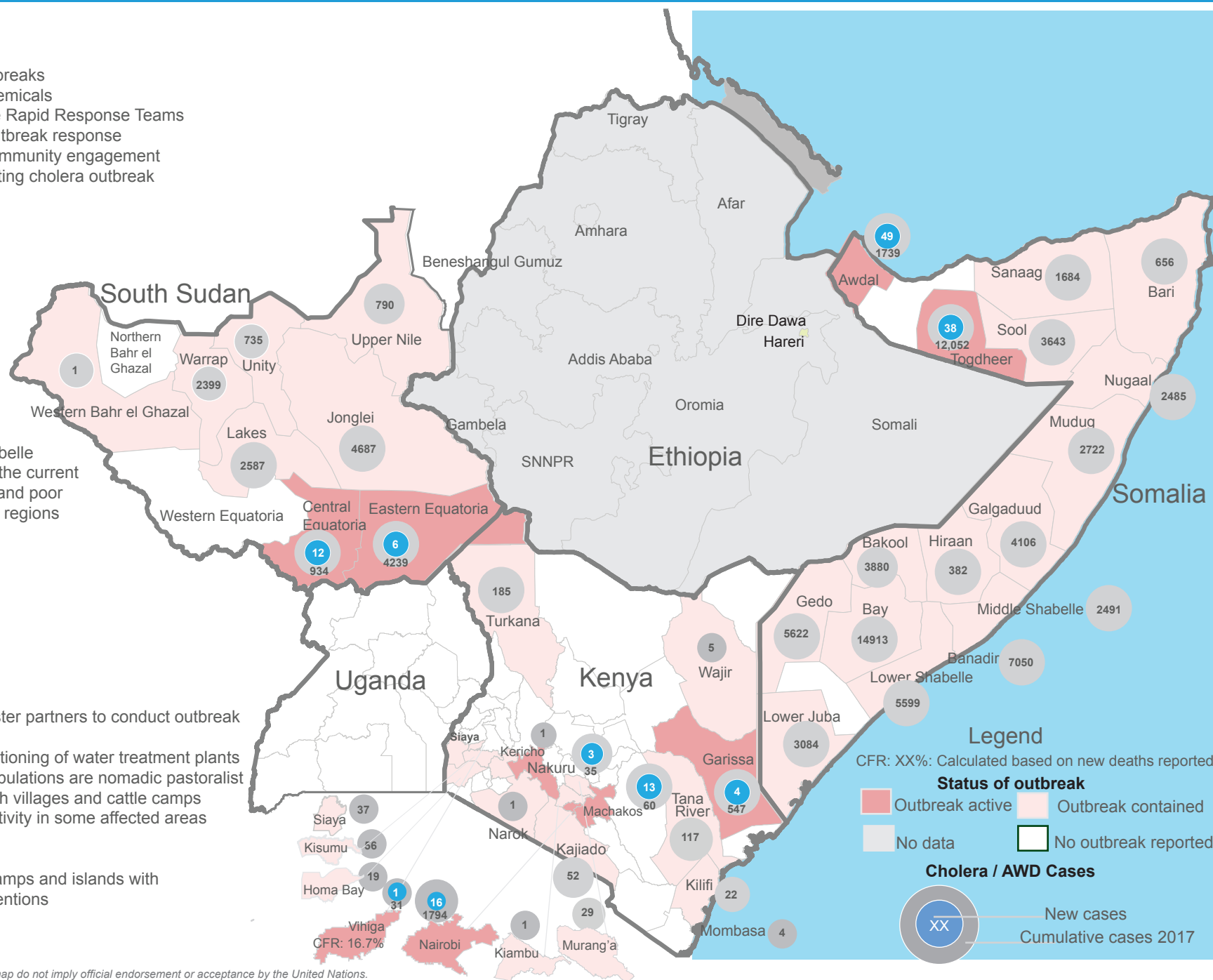
- Sub-optimal coordination in responding to outbreaks
- Limited resources such as water treatment chemicals
- Limited capacity in response as majority of the Rapid Response Teams especially at county level are not trained on outbreak response
- Limited resources for health promotion and community engagement
- 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 - 5 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

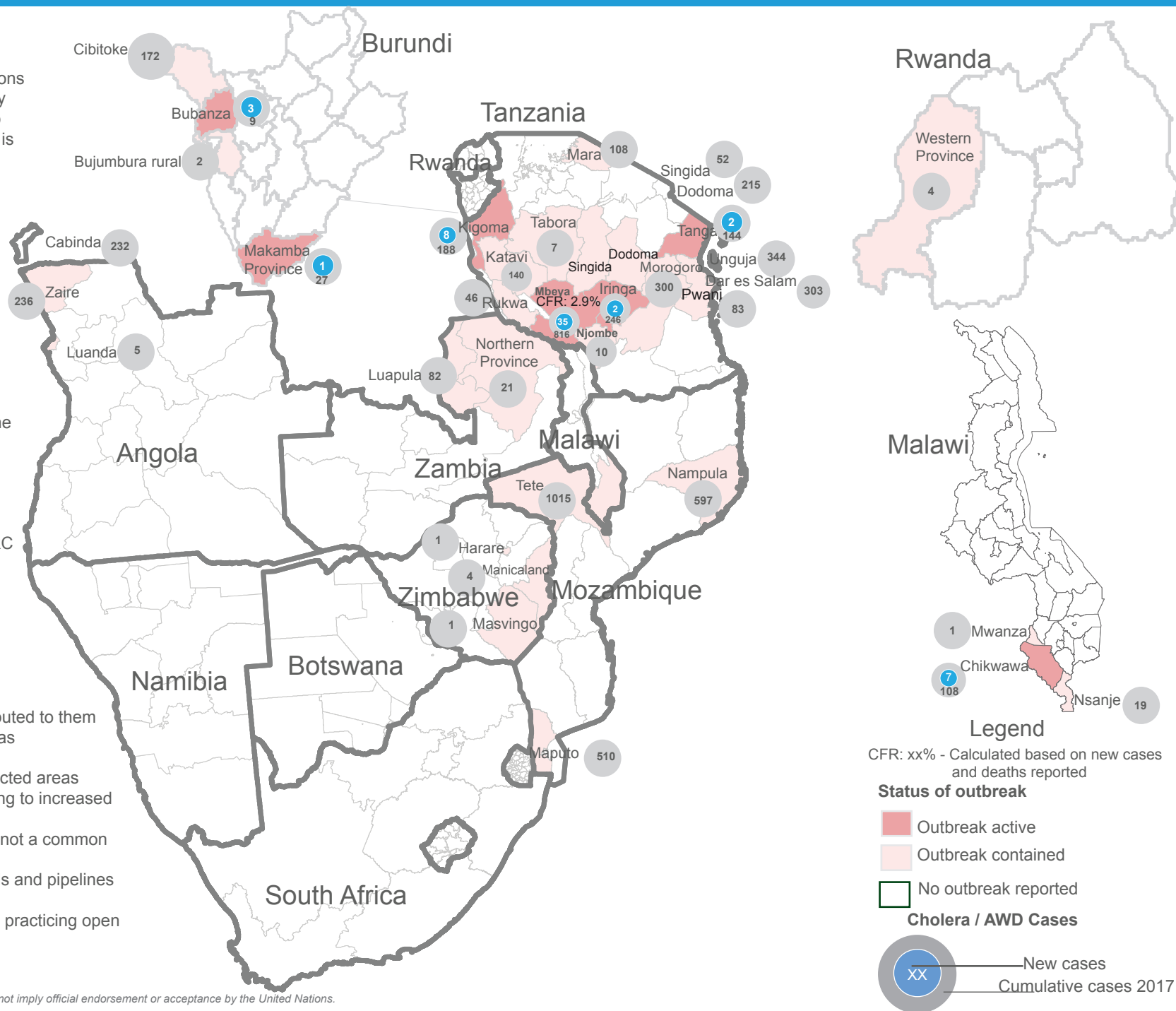
- Cross border movements between Mozambique and Malawi influence the evolution of outbreaks
- Poor access to safe water
- Low sanitation coverage
- Poor hygiene practices especially hand washing with soap at critical times
- Boreholes in Kasisi and Katunga locations are saline

## Challenge: Burundi

- 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 dont 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



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: 5 October 2017

Sources: Ministries of Health and WHO



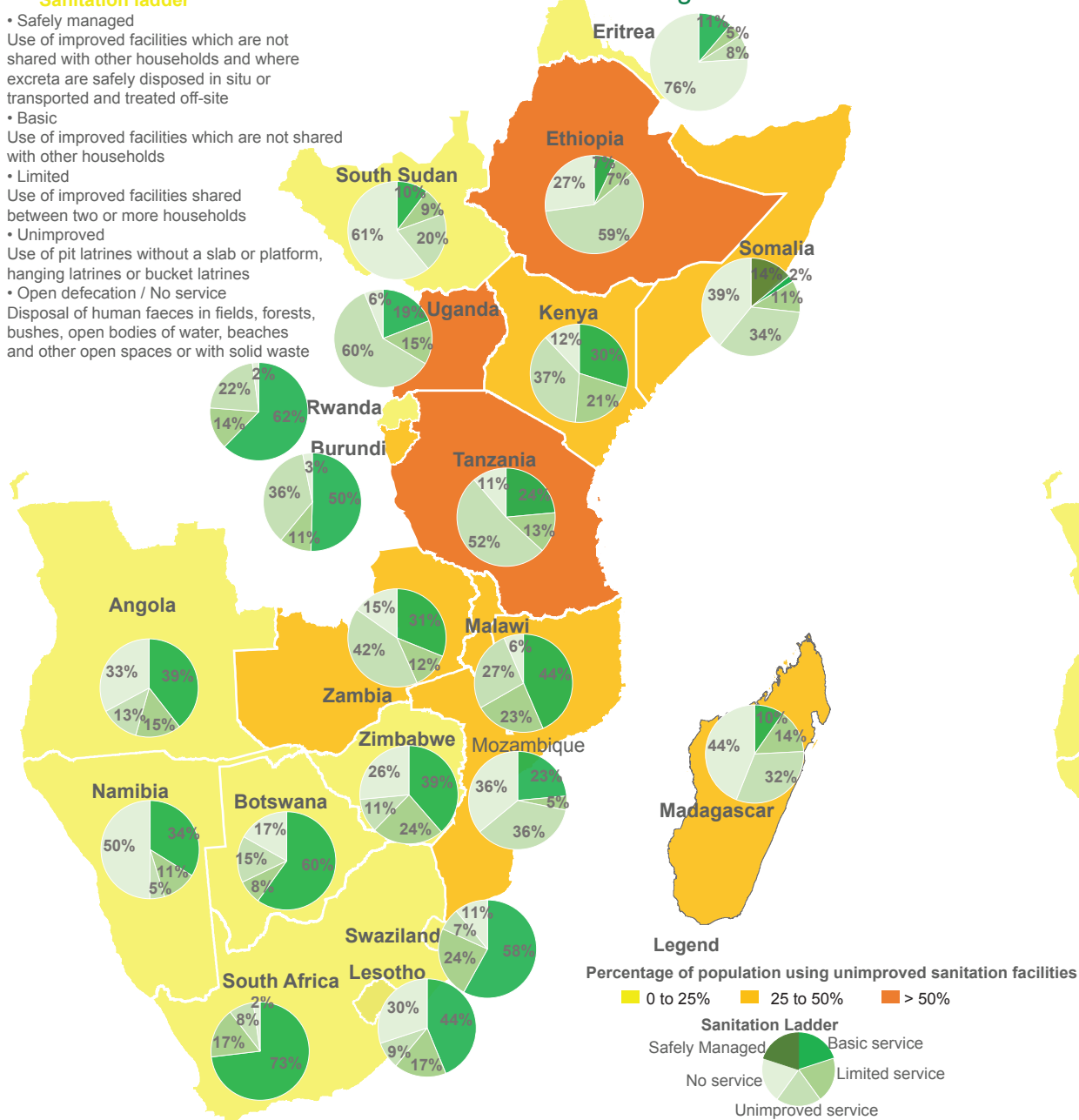
# Annex 3: An overlay of Sanitation Facilities and Number of Cholera/ AWD Cases and Deaths Reported between January and September 2017

3 of the 21 countries in Eastern and Southern Africa have over 50% of their population using unimproved sanitation facilities and they include; Tanzania, Ethiopia and Uganda. Cumulatively, Tanzania has reported 2697 cases since the beginning of 2017. Countries which have 25 to 50% of their population using unimproved sanitation facilities include: Somalia, Kenya, Burundi, Malawi, Mozambique, Zambia and Madagascar. Cumulatively, these countries have reported 83,346 cases in 2017, and majority of these cases emerging from Somalia. 10 countries have less than 25% of their population using unimproved sanitation facilities, and mostly located in the Southern Africa region

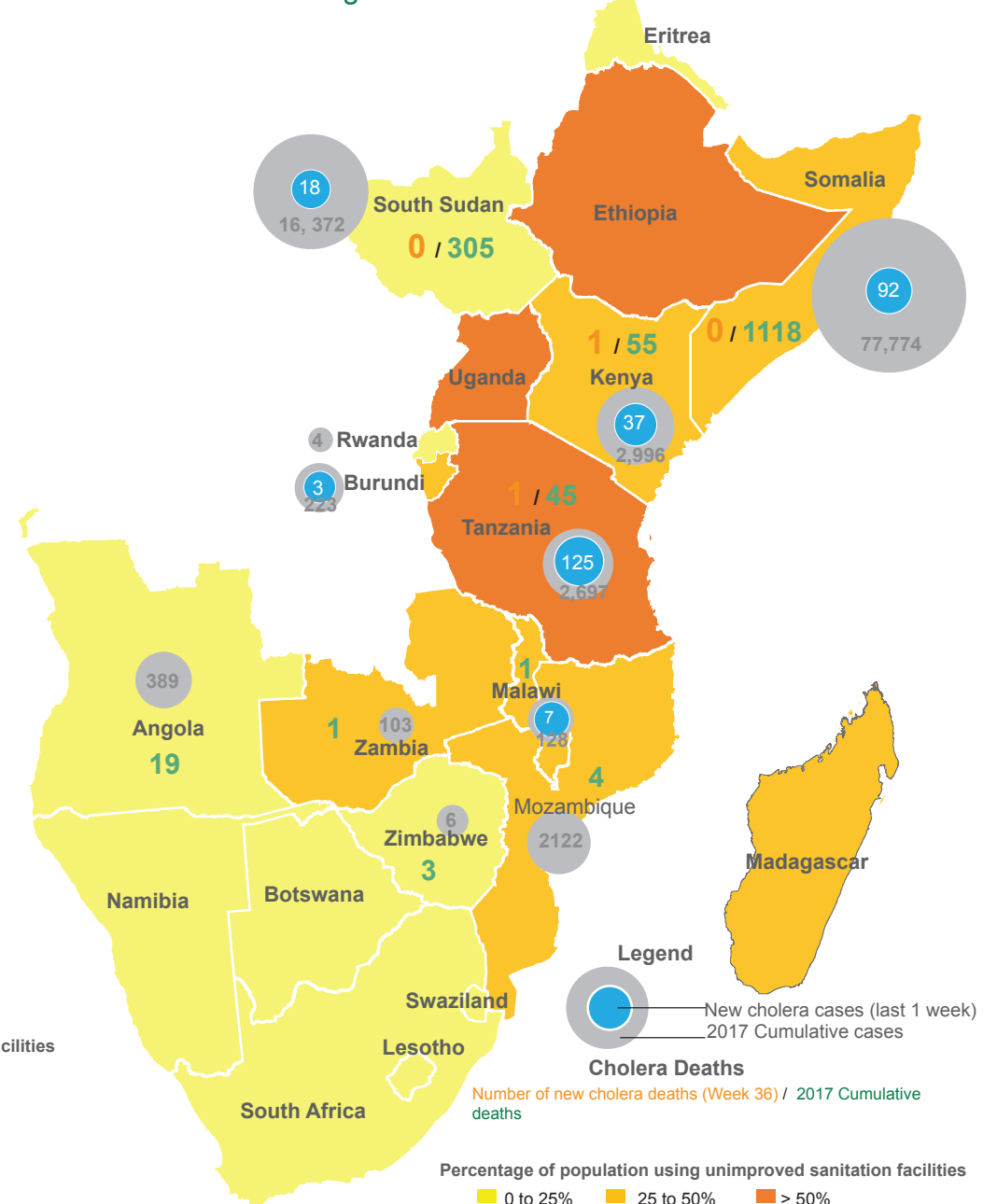
## Sanitation ladder

- Safely managed  
Use of improved facilities which are not shared with other households and where excreta are safely disposed in situ or transported and treated off-site
- Basic  
Use of improved facilities which are not shared with other households
- Limited  
Use of improved facilities shared between two or more households
- Unimproved  
Use of pit latrines without a slab or platform, hanging latrines or bucket latrines
- Open defecation / No service  
Disposal of human faeces in fields, forests, bushes, open bodies of water, beaches and other open spaces or with solid waste

## Coverage of Sanitation Facilities



## Coverage of Sanitation Facilities and Cholera / AWD



# Annex 4: An Overlay of Drinking Water Supply Systems and Number of Cholera / AWD Cases and Deaths Reported Between Jan and Sept 2017

6 of the 21 countries in Eastern and Southern Africa have over 20% of their population using an unimproved water source and they include; Ethiopia, Somalia, Tanzania, Zambia, Mozambique and Madagascar. Of these countries, Somalia has recorded the highest number of cholera cases and deaths. Countries which have 11 to 20% of their population using unimproved water sources include; South Sudan, Uganda, Rwanda, Burundi, Eritrea, Angola, Zimbabwe and Lesotho. 5 of these countries (South Sudan, Rwanda, Burundi, Angola and Zimbabwe) have reported outbreaks in 2017.

## Drinking Water Ladder

### • Safely managed

Drinking water from an improved water source which is located on premises, available when needed and free from faecal and priority chemical contamination

### • Basic

Drinking water from an improved source, provided collection time is not >30 minutes queuing

### • Limited

Drinking water from an improved source for which collection time exceeds 30 minutes for a roundtrip including queuing

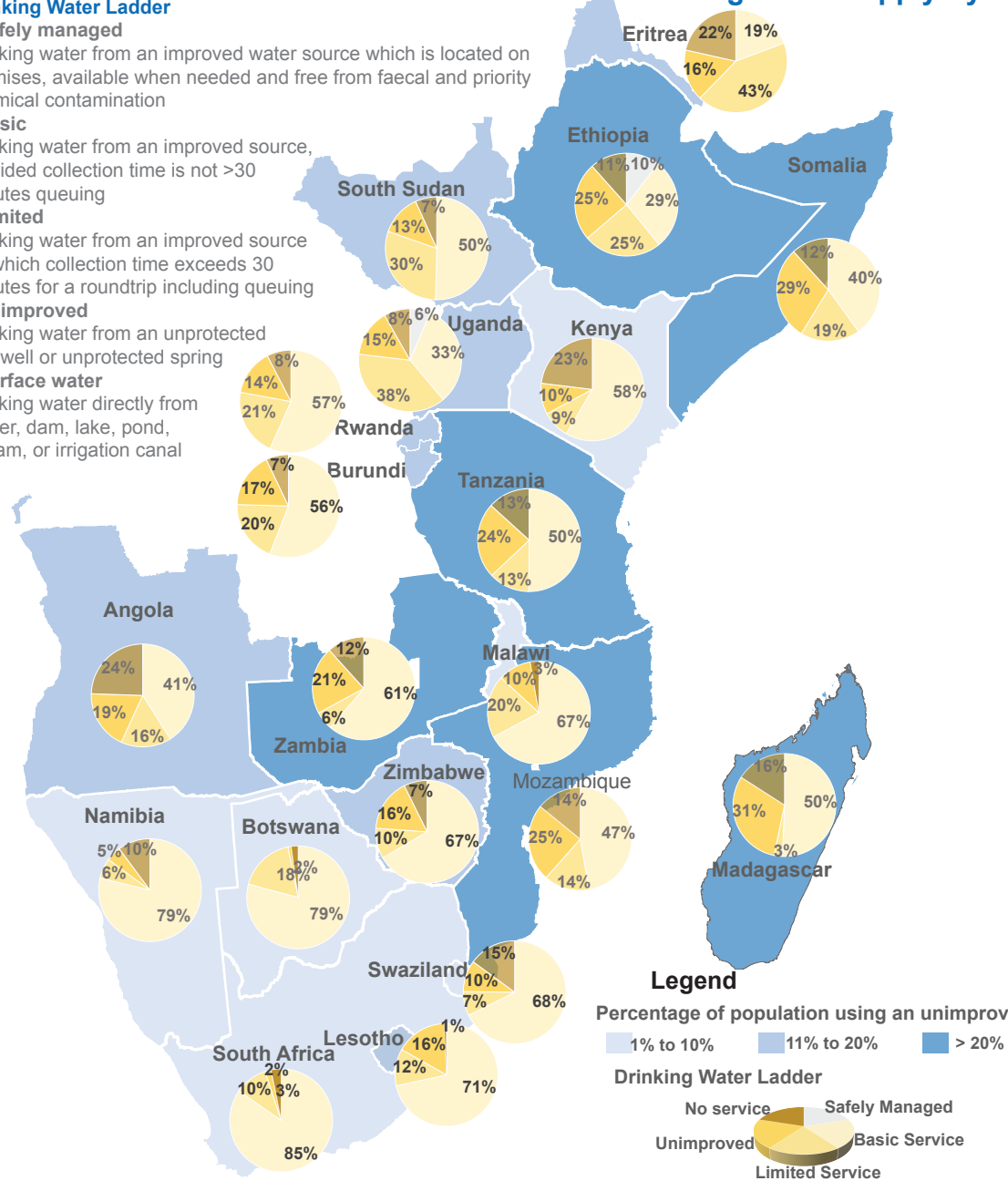
### • Unimproved

Drinking water from an unprotected dug well or unprotected spring

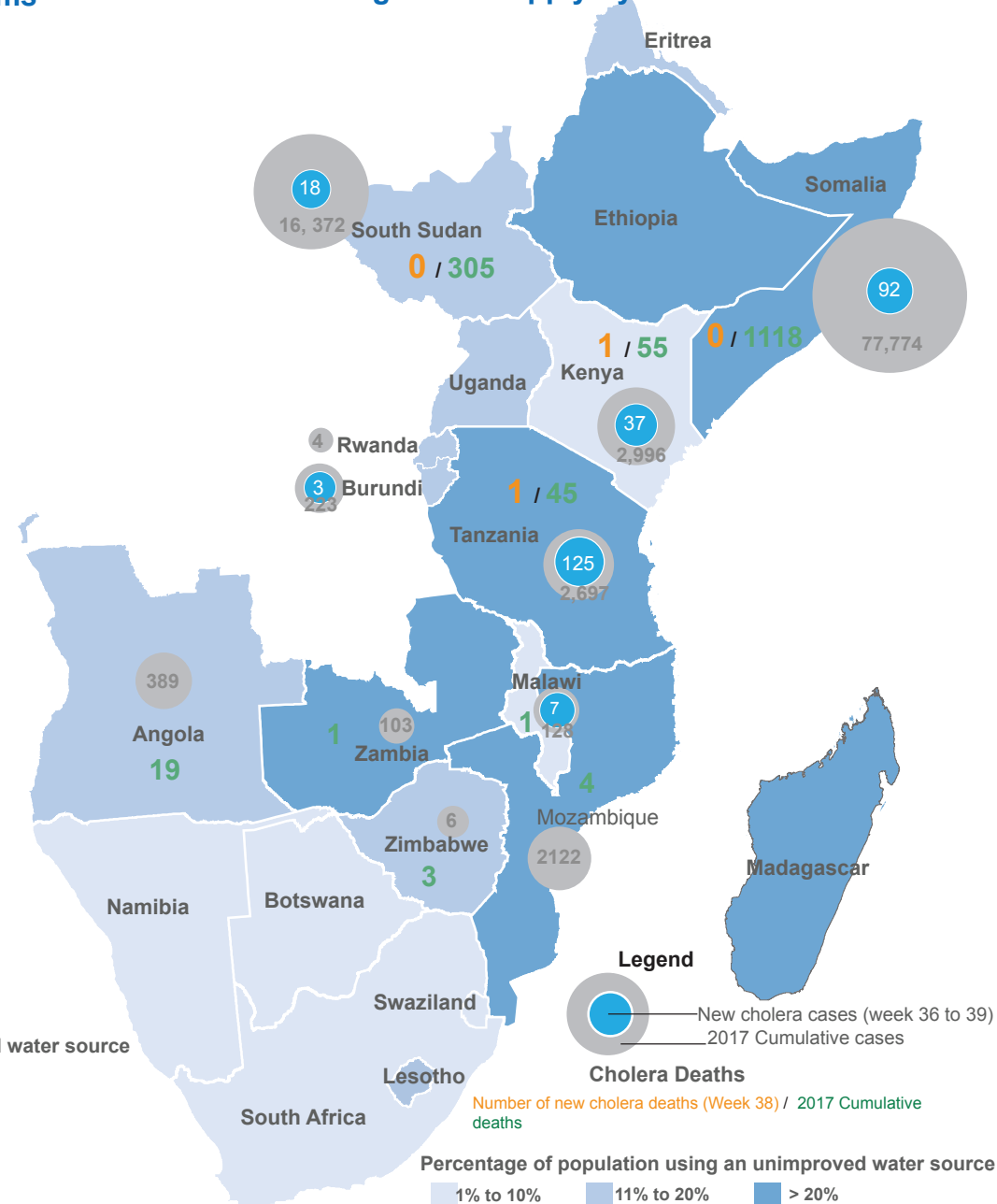
### • Surface water

Drinking water directly from a river, dam, lake, pond, stream, or irrigation canal

## Drinking Water Supply Systems



## Drinking Water Supply Systems and Cholera / AWD



# Annex 5: Weekly Reported Cholera / AWD Cases and Deaths for Countries in Eastern and Southern Africa

Country	Wk 1 to Wk 34		Week 35		Week 36		Week 37		Week 38		Week 39		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	59,610	834	137	2	22	0	61	0	92	0			77,774	1118	1.4%	93,474	1,666	1.8%
Kenya	1,096	12	183	0	46	3	49	1	37	1			2996	55	1.8%	3096	59	1.9%
South Sudan	6,263	187	21	0	18	0							16,372	305	1.9%	20, 547	386	1.9%
Tanzania	2,347	33	116	3	148	1	236	1	125	1			2,697	45	1.7%	26,697	417	1.6%
Burundi	42	0	0	0	5	0	4	0	3	0			223	0	0	223	0	0
Malawi	103	1	2	0	2	0	2	0	12	0	7	0	128	1	0.8%	128	1	0.8%
Zimbabwe	6	3	0	0	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	0	0	2,122	4	0.2%	2,122	4	0.2%
Angola	374	16	0	0	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	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, 814	1551	1.5	127,732	2596	2.0%

For further information Contact:

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

**Ida Marie Ameda**  
Health Emergencies Specialist  
Email: iameda@unicef.org

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