

Bulletin: Cholera/ AWD Outbreaks in Eastern and Southern Africa

Regional Update - 22 August 2017



Highlights

More than 100,105 cholera / AWD cases and 1491 deaths (CFR: 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; Somalia, Kenya, South Sudan, Tanzania, Burundi, Malawi, Zimbabwe, Mozambique, Angola, Uganda and Zambia. Somalia accounts for 76.8% of the total cases reported in the outbreak in 2017, followed by South Sudan at 15.7%.

In the past 2/3 weeks (Week 30-32), 4 out of the 21 countries in ESAR have reported active transmission of cholera (Somalia, South Sudan, Kenya and Tanzania). Tanzania has the highest CFR (1.9%) followed by South Sudan (1.7%) and Somalia (1.4%) and Kenya (1.4%). CFR for Somalia was above 2% at the beginning of 2017 but has since dropped.

Somalia: There has been a decrease in the epidemic trend. During week 32 (week ending 13 August 2017), 282 new cases and no deaths have been reported in the country; compared to 321 cases and 2 deaths (CFR 0.6%) reported in week 31. Most of these cases emerged from Togdheer, Banadir, Lower Jubba and middle Shabelle regions.

Kenya: In the past 3/4 weeks, an active Cholera outbreak reported in 9 of the 47 Counties (Garissa, Nairobi, Kajiado, Nakuru, Kisumu, Machakos, Siaya, Homabay and Turkana). During week 32 (week ending 13th August 2017), 69 new cases were reported compared to 63 cases and 2 deaths (CFR 3.2%) in week 31.

South Sudan: Most affected populations are nomadic pastoralists and communities living in hard to reach villages and cattle camps. There has been a decrease in the epidemic trend. During week 30 (Week ending 30th July 2017), 109 new cases including 3 deaths (CFR 2.8%) were reported; compared to 198 cases and 3 death (CFR 1.5%) in week 28. Active transmission reported in Kapoeta East counties.

Tanzania: An increase in epidemic trend. During week 32, 252 new cases including 8 deaths (CFR 3.2%) have been reported in Tanzanian mainland; compared to 198 cases and 4 deaths reported in week 31. Cases emerged from Mbeya, Tanga and Iringa regions.

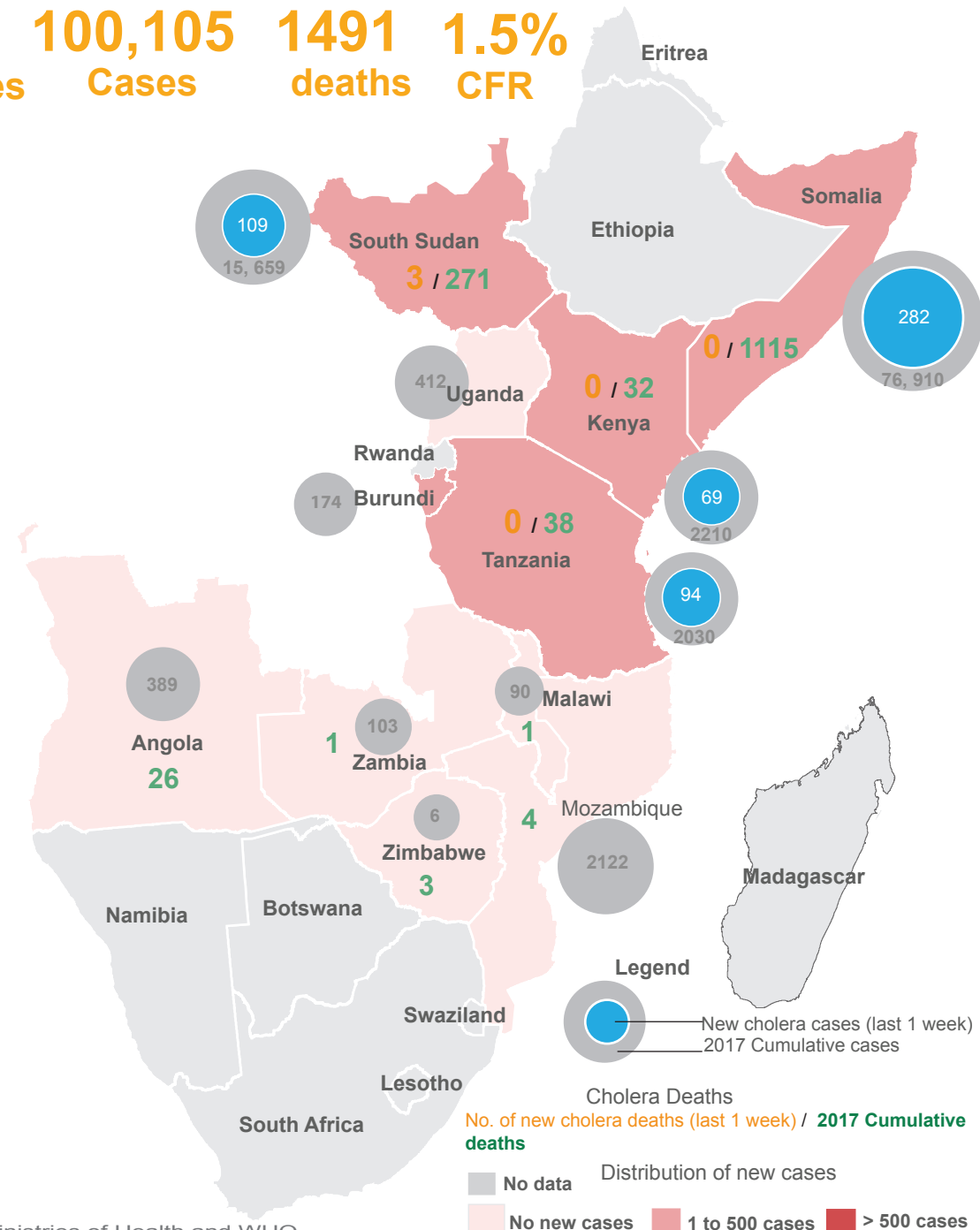
Uganda: No confirmed case of cholera in 2017, only AWD cases reported

Table: Beginning of the outbreaks by Country

Country	Duration	Cumulative no. of cases	Cumulative no. of deaths
Somalia	Mar 16 – Aug 17	92,529	1,663
South Sudan	June 16 – July 17	19,532	352
Kenya	Oct 16 – July 17	2,310	36
Tanzania	2016 – July 17	26,030	411
Burundi	Dec 16 – Jan 17	169	0
Malawi	2016 – June 17	1,882	47
Zimbabwe	2016 – April 17	16	4
Mozambique	Jan 17 – April 17	2,122	4
Angola	Dec 16 – Aug 17	468	26
Zambia	2016 – July 17	1,482	33

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11 Countries **100,105 Cases** **1491 deaths** **1.5% CFR**



Sources: Ministries of Health and WHO

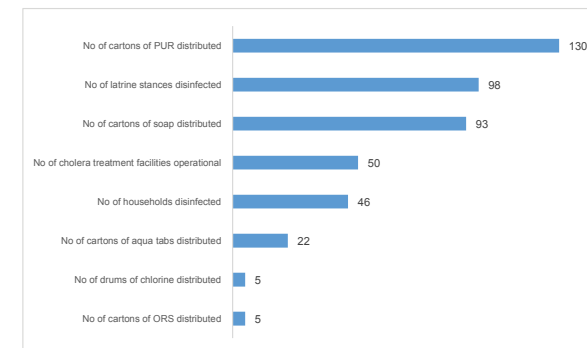
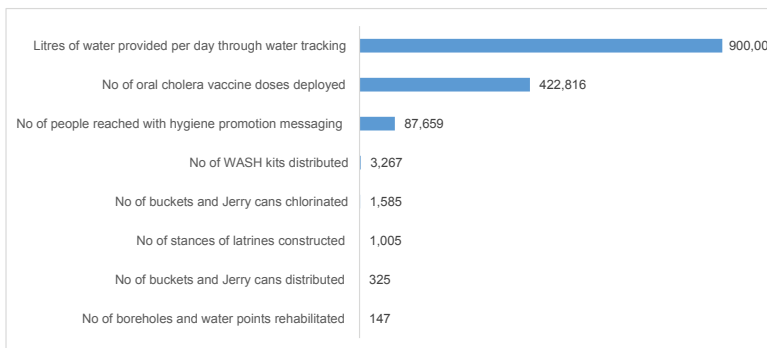
Country Priorities and Response Interventions

Country Priorities

Response Interventions

South Sudan

- Strengthen coordination of cholera preparedness and response
- Preposition cholera buffer stocks and other medical supplies
- Enhance surveillance activities 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



Somalia

- Increase the number of CTCs, CTUs and ORP in affected areas
- 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 active case finding
- 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



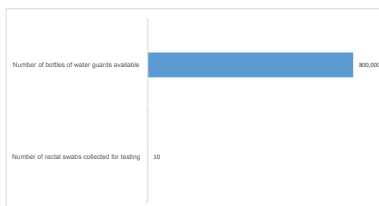
Kenya

- 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



Tanzania

- Advocacy and partnerships for resource mobilization
- Capacity building of sub-national partners on WASH related aspects of cholera planning and management
- Provision of critical supplies like chlorine products, ORS and IEC materials in most at risk regions
- Social Mobilisation to prevent and control cholera



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 - 22 August 2017

Kenya: Challenges

- More sub-optimal coordination in responding to outbreaks
- Limited resources such as water treatment chemicals
- Limited laboratory capacity in some Counties for Cholera confirmation
- Limited capacity in response as majority of the Rapid Response Teams especially at county level are not trained
- Limited resources for health promotion and community engagement
- Insecurity in various parts of the country including; Garissa

Somalia: Challenges

- Insecurity
- Inaccessibility of the most affected areas in Bay, Bakol, Gedo and Lower Shabelle
- Drivers of the current epidemic include limited access to safe water and poor sanitation in IDP settlements in all the affected regions

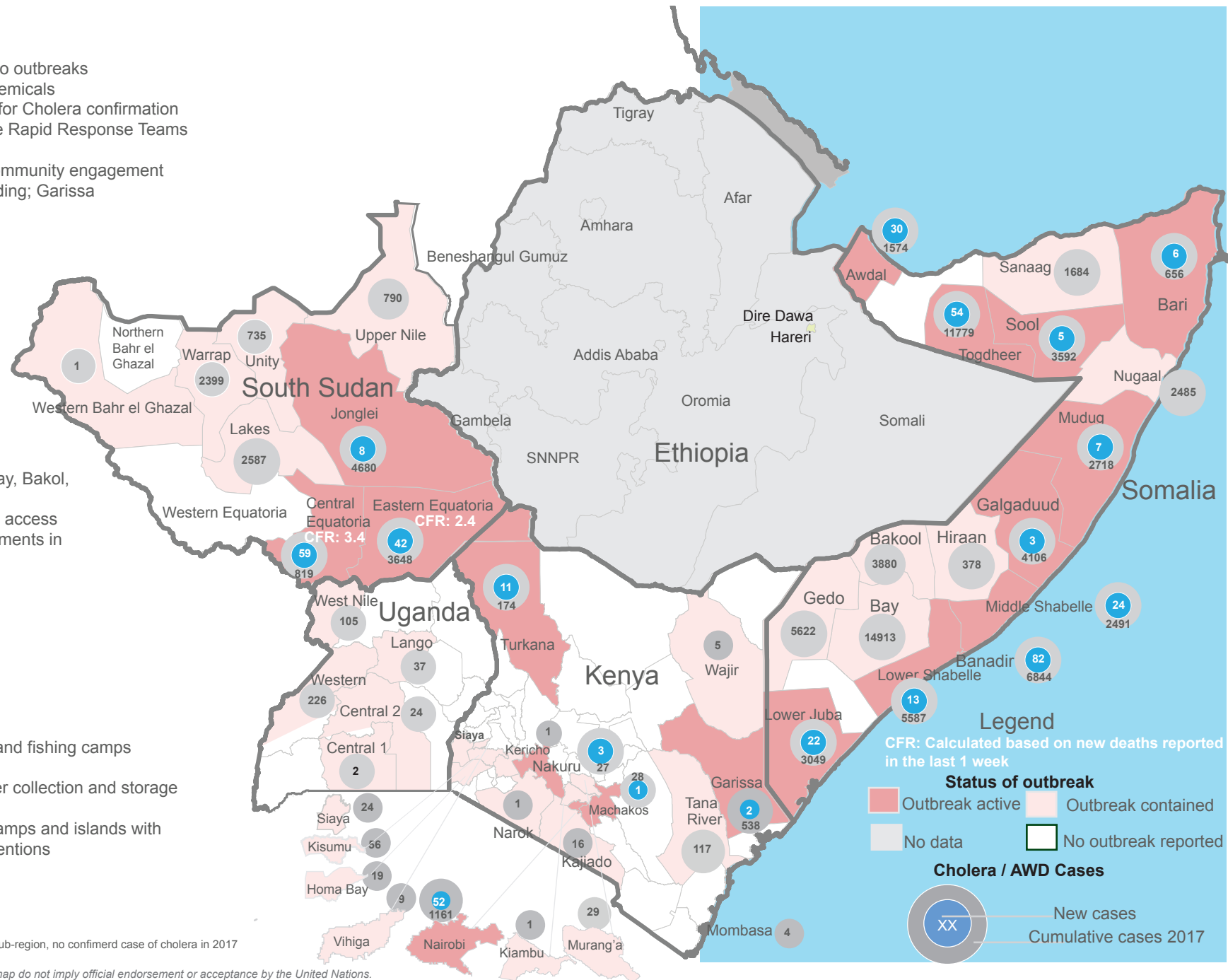
South Sudan: Challenges

- Difficulties in accessing wetland areas, cattle and fishing camps where active transmission is taking place
- Most households lack containers for safe water collection and storage
- Prolonged conflict and insecurity
- Population displacements into crowded IDP camps and islands with limited humanitarian access to optimize interventions

***Cases for Uganda are Acute Watery diarrhoea and are mapped by sub-region, no confirmed case of cholera in 2017

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Annex 2: Distribution of Cholera/AWD outbreaks in Southern Africa - 22 August 2017

Challenges: Angola

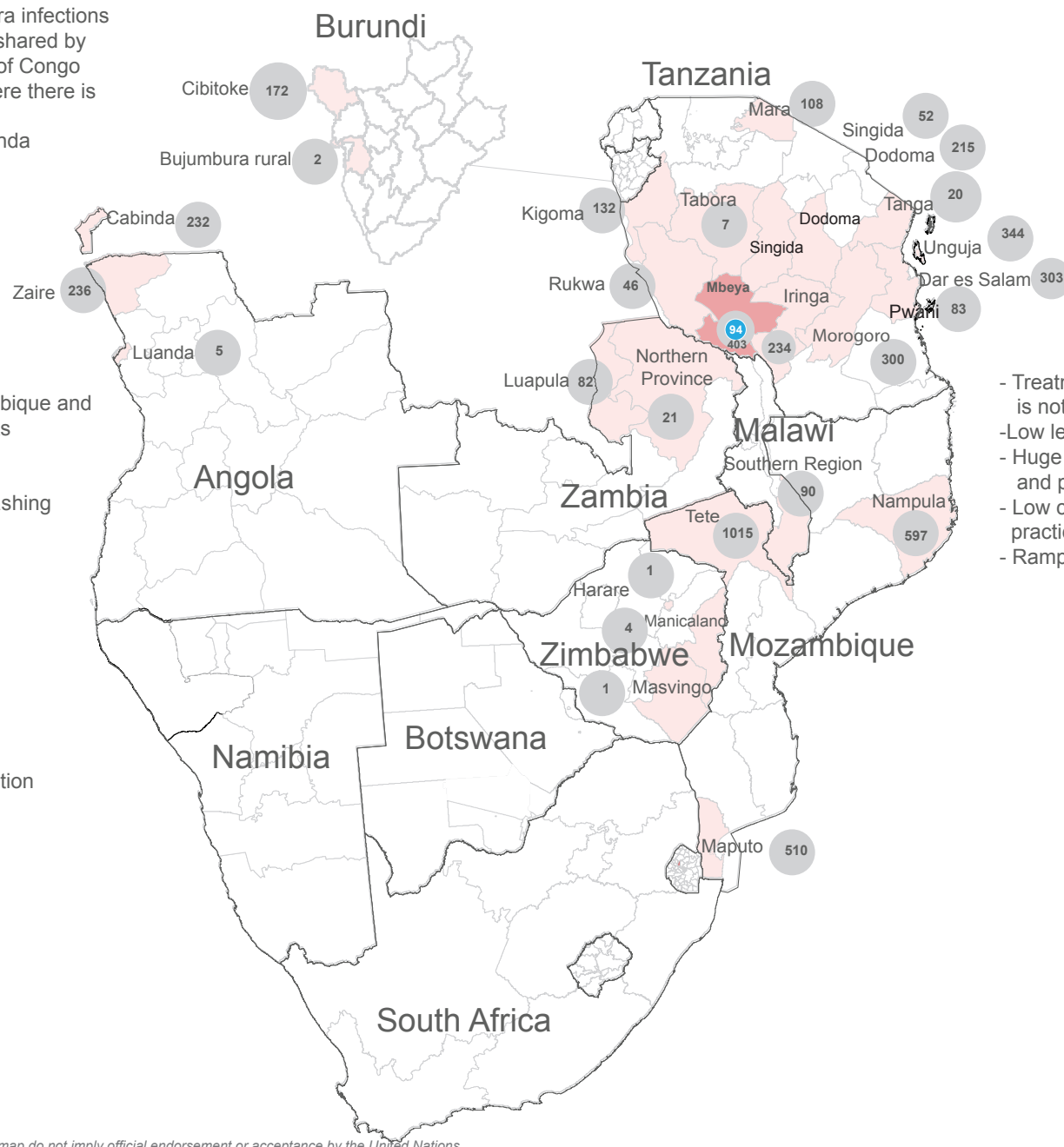
- Continuous threat of transmission of cholera infections along the lower Congo River Basin that is shared by both Angola and the Democratic Republic of Congo
- Limited stocks of RDT in Lunda Norte, where there is presence of refugees from DRC
- Gaps in infection control in Soyo and Cabinda

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

Challenge: Burundi

- Lack of potable water and adequate sanitation



Challenges: Tanzania

- Treatment of water by boiling or using aqua tabs is not a common practice to over 80% of households
- Low level of knowledge on control and prevention
- 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
- Rampant street food vending in Zanzibar

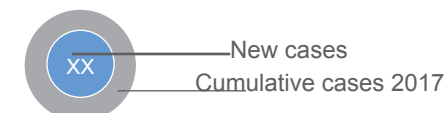
Legend

CFR: Calculated based on new deaths reported in the last 1 week

Status of outbreak

- Outbreak active
- Outbreak contained
- No outbreak reported

Cholera / AWD Cases



Annex 3: Distribution of Acute Watery Diarrhea / Cholera in the Horn of Africa (Jan to Aug 2017) and Integrated Food Security Phase Classification for (June - September 2017)

Somalia Country Priorities

- Increasing the number of CTCs, CTUs and ORP, in affected areas
- Increasing access to adequate amounts of safe water and appropriate sanitation
- Conducting cholera vaccinations in hotspot areas
- Using community based integrated emergency response team (IERT) in active case finding
- Adopting standardized case management and infection prevention and control protocols
- Providing integrated training in WASH and health at treatment sites
- Providing adequate amounts of infection control materials at treatment sites
- Targeted regular water quality testing
- Behaviour change approaches that integrate WASH and Health messages
- Orientation of food handlers to ensure adherence to public health standards

South Sudan Country Priorities

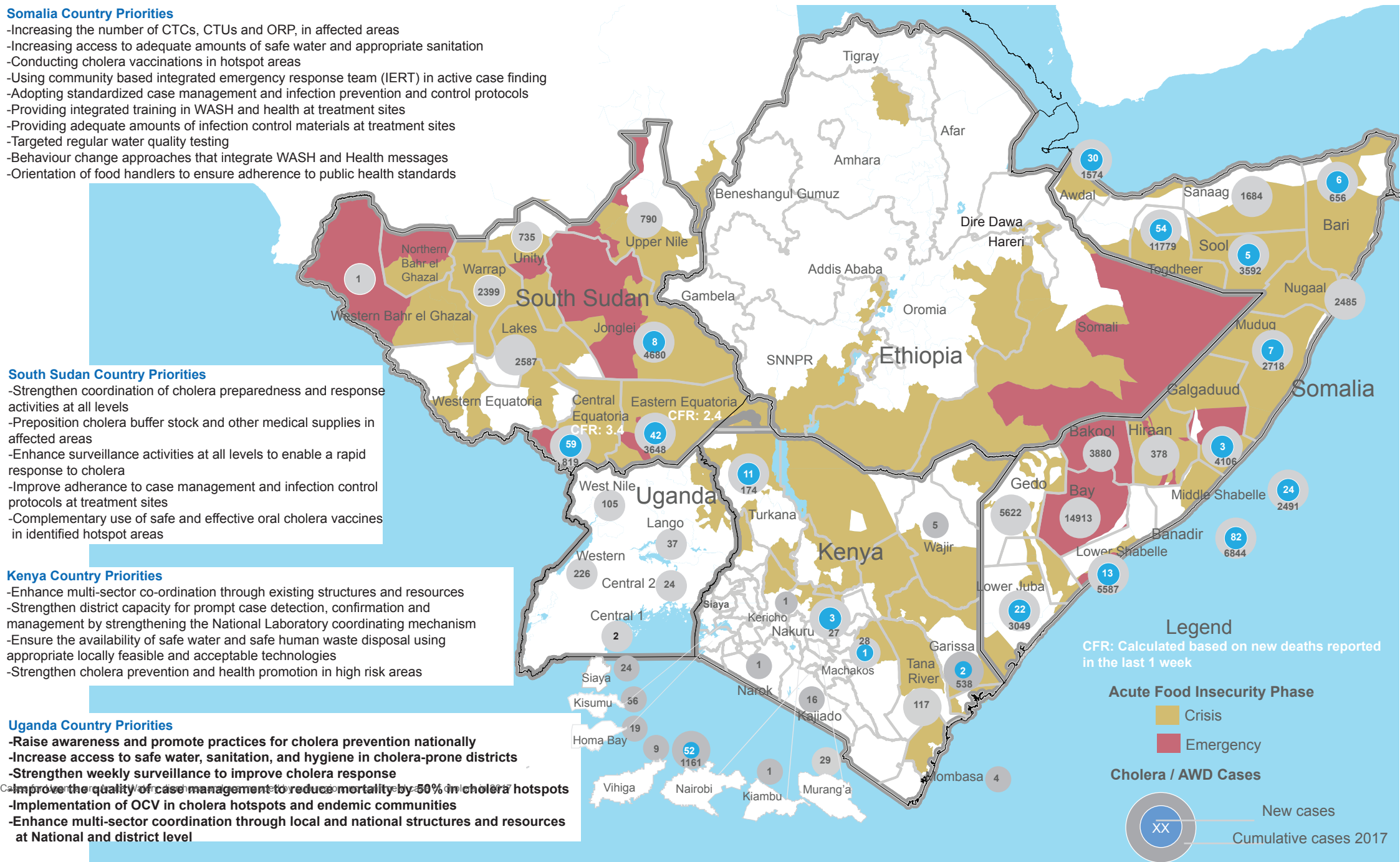
- Strengthen coordination of cholera preparedness and response activities at all levels
- Preposition cholera buffer stock and other medical supplies in affected areas
- Enhance surveillance activities at all levels to enable a rapid response to cholera
- Improve adherence to case management and infection control protocols at treatment sites
- Complementary use of safe and effective oral cholera vaccines in identified hotspot areas

Kenya Country Priorities

- Enhance multi-sector co-ordination through existing structures and resources
- Strengthen district capacity for prompt case detection, confirmation and management by strengthening the National Laboratory coordinating mechanism
- Ensure the availability of safe water and safe human waste disposal using appropriate locally feasible and acceptable technologies
- Strengthen cholera prevention and health promotion in high risk areas

Uganda Country Priorities

- Raise awareness and promote practices for cholera prevention nationally
- Increase access to safe water, sanitation, and hygiene in cholera-prone districts
- Strengthen weekly surveillance to improve cholera response
- Improve the quality of case management to reduce mortality by 50% in cholera hotspots
- Implementation of OCV in cholera hotspots and endemic communities
- Enhance multi-sector coordination through local and national structures and resources at National and district level



Annex 4: Distribution of Acute Watery Diarrhea / Cholera in the Horn of Africa (January-July 2017) and Displacement Tracking Matrix Flow Monitoring for June 2017

Somalia Country Priorities

- Increasing the number of CTCs, CTUs and ORP, in affected areas
- Increasing access to adequate amounts of safe water and appropriate sanitation
- Conducting cholera vaccinations in hotspot areas
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Kenya Country Priorities

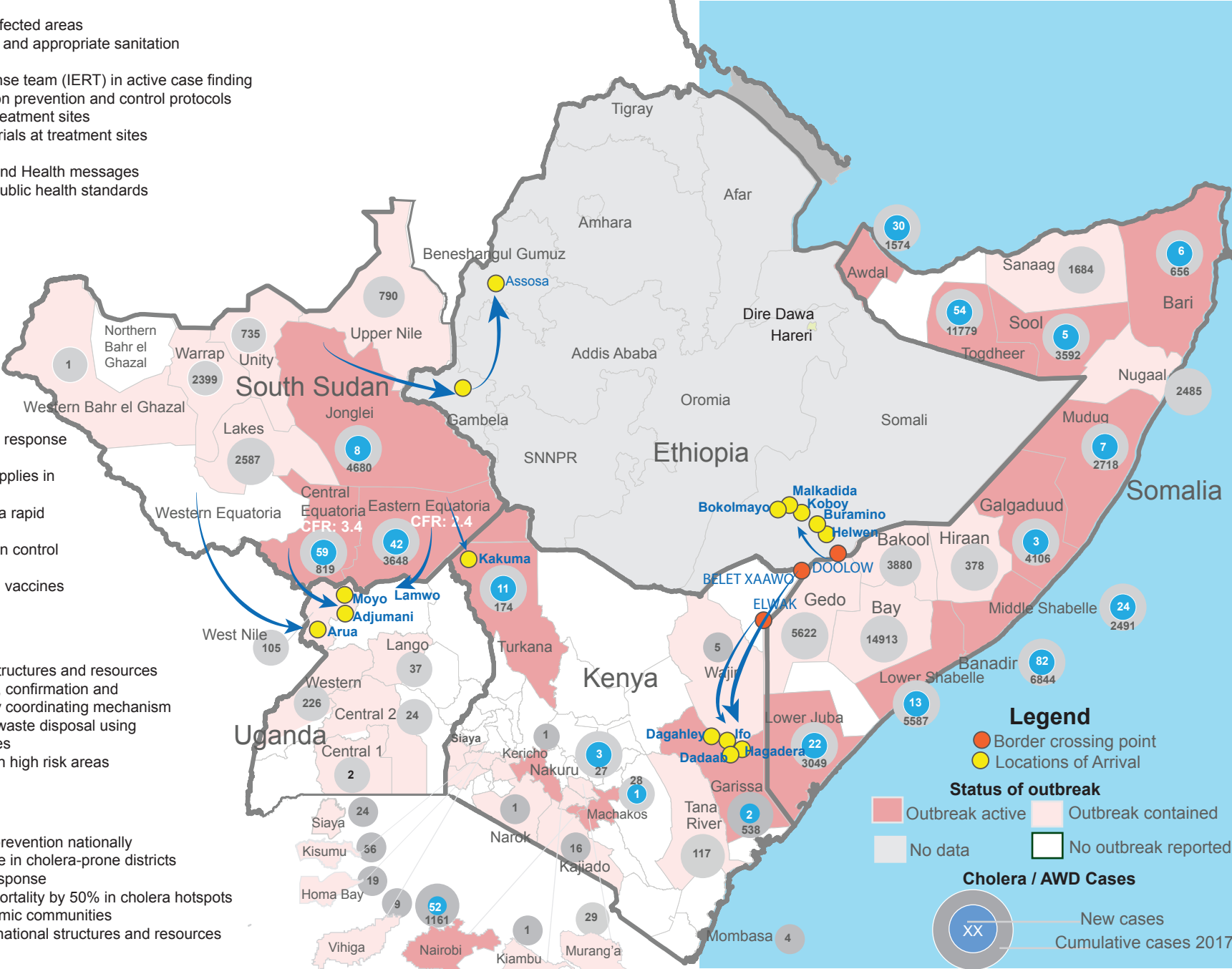
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Annex 5: Weekly Reported Cholera/ AWD Cases and Deaths for Countries in Eastern and Southern Africa

Country	Wk 1 to Wk 25		Week 26		Week 27		Week 28		Week 29		Week 30		Week 31		Week 32		2017 Cumulative			Cumulative since the beginning of the outbreak		
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	CFR	Cases	Deaths	CFR
Somalia	54,386	817	1121	3	928	3	1068	3	864	4	306	2	321	2	282	0	76,910	1115	1.4%	92,529	1,663	1.8%
Kenya	673	9	69	0	54	0	38	0					63	2	69	0	2210	32	1.4%	2310	36	1.6%
South Sudan	5189	179	304	0	219	0	198	3			109	3					15,659	271	1.7%	19,532	352	1.8%
Tanzania	1851	29	32	0	3	0							198	4	252	8	2,030	38	1.9%	26,030	410	1.6%
Burundi							5	0	0	0	0	0	0	0	0	0	174	0	0	174	0	0
Malawi	90	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	90	1	1.1%	1882	47	2.5%
Zimbabwe	6	3	0	0	0	0	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	2,122	4	0.2%	2,122	4	0.2%
Uganda	130	0	1	0	56	0	225	0									412	0	0%	412	0	0%
Angola													0	0			389	26	6.6%	468	26	5.5%
Zambia	101	0											0	0	0	0	103	1	1%	1482	33	2.2%
Madagascar	0	0	0	0	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	0	0	0	0
Botswana																						
Eritrea																						
Lesotho																						
Namibia																						
Rwanda																						
South Africa																						
Swaziland																						

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