



Key Highlights

- Ebola outbreak reported in Uganda
- Decreasing cholera cases in Zambia, Zimbabwe, Mozambique and Malawi

1. General Context

In Uganda, street riots to protest increased prices of commodities continued during the month. In Northern Namibia, the flood water continues to recede and the flood displaced populations have started to return to their original homes.

With end of the rainy season in the Southern African sub-region, the cholera outbreaks in Mozambique, Zambia, Zimbabwe and Malawi are coming to an end.

A case of Ebola, a deadly Viral Hemorrhagic Fever (VHF) was confirmed in Luwero district of Uganda on 13th May 2011.

2. Epidemic Outbreaks

2.1 Cholera

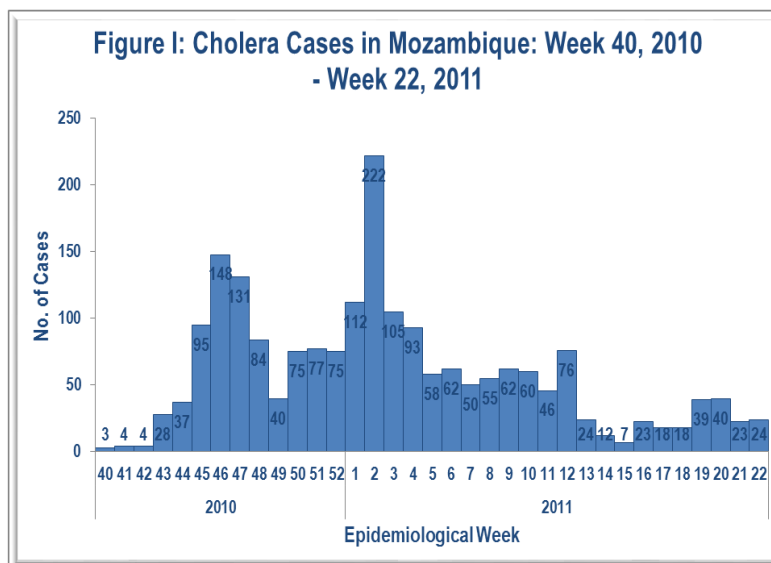
2.1.1 Mozambique

According to information provided by the WHO Country Office (WCO) in Maputo, a total of 1229 cases and 4 deaths (CFR 0.3%) of cholera were reported from 5 Provinces of the country namely Nampula, Manica, Cabo Delgado, Maputo and Maputo City from epidemiological week 1 to 22 of 2011. Currently, the foci of transmission are now in Maputo Province and City with the three other

Provinces being relatively quiet.

The MOH continued to lead partners in the epidemic response efforts. A Cholera Treatment Centre (CTC) has been established in Mavalane in Maputo City to cater for the affected populations in the Province and City while basic equipment for infection control have been provided to the

CTC and other health facilities in the area. Other response activities include distribution of water chlorination tablets, construction of latrines, community mobilization, education and distribution of IEC materials.



2.1.2 Zimbabwe

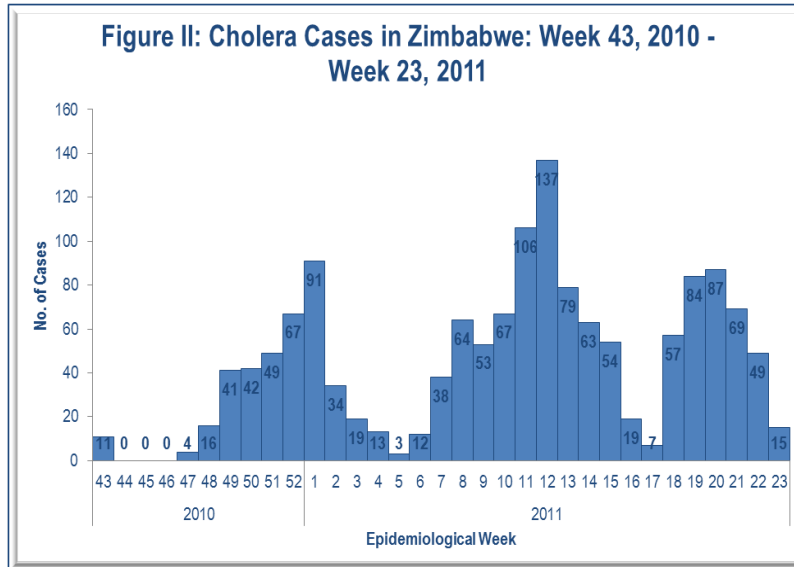
A cumulative of 986 cases and 40 deaths (CFR 4.1%) of cholera have been reported from 10 districts of the country from week 1 to 21 of 2011. An estimated 80% of the 986 cases are from Manicaland

Province while 80% of the cases in Manicaland were reported from Chipinge district. A second peak of the outbreak was achieved in week 20 followed by a progressive decline in weekly number of cases from week 21 to 23 (figure II). The foci of transmission are currently in Chipinge and Chiredzi districts. In Chipinge, most of the cases are concentrated on a commercial

farm which is said to be overcrowded and has poor water and sanitation facilities. An investigation team is being deployed to the district and farm very soon.

Health and WASH cluster partners continue to provide technical, financial and logistic support to all affected districts to respond to the cases while

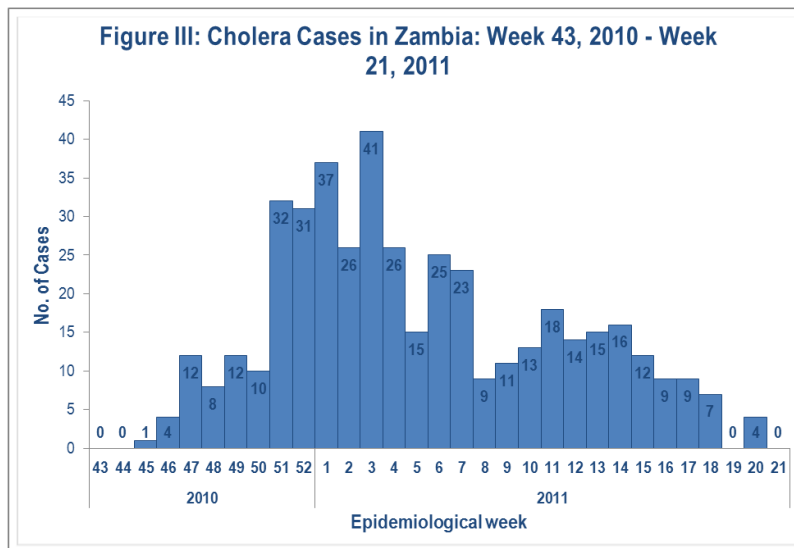
the Cholera Command and Control Centre (C4) continue to monitor the epidemic situation



Copperbelt (5%) Provinces. Only very few cases are now being reported on a weekly basis signifying that the outbreak is coming to an end.

2.1.3 Zambia

From week 1 to 21 of 2011, a cumulative of 330 cases and 13 deaths (8 health facility and 5 community deaths) of cholera have been reported in the country. The cases are concentrated in Lusaka (40%), Northern (32%), Southern (23%) and



30th May 2011 to date.

2.1.4 Malawi

According to data provided by WCO Malawi, 60 cases and 4 deaths (CFR 6.7%) of cholera have so far been reported in 2011. Most of these cases are concentrated in Chikwawa district of the South West Zone (65%) and Rumphi district of the Northern zone (25%). No new cases have been reported from

3. Ebola in Uganda

An outbreak of Ebola VHF was declared in Uganda on 13th May 2011. According to information obtained from WCO, Kampala and the WHO

This update is produced by the WHO Inter Country Support Team (IST) for Eastern and Southern Africa. For further information please contact:

Dr. O. Walker, IST/ESA Coordinator, Harare Zimbabwe. Email: walkero@zw.afro.who.int; Cell no: +263 772433127

Dr. O. Olu, IST/ESA Emergency Focal Point, Harare Zimbabwe. Email: oluo@zw.afro.who.int; Cell no: +263 772104248

Events Management System (EMS), so far only one case of the disease has been laboratory confirmed in the country. The case, a 12 year old female from Luwero district died on 6th May. A total of 25 contacts of the index case completed their 3 weeks follow-up on 27th May 2011 with none of them showing evidence of Ebola. Epidemiological and ecological investigations are ongoing to ascertain the cause of the outbreak but no clear source of infection has been identified yet.

MOH Uganda with support from its partners have instituted response efforts which include training of health workers in the affected area on Ebola case management and infection control, establishment of isolation units in Mulago Hospital, Kampala, Bombo and Nakaseke Hospitals in Luwero, heightened surveillance, active case searches and community mobilization and education on the disease.

Ebola VHF is caused by a virus which belongs to the Filoviridae family. The virus which has 5 main species (namely Zaire, Sudan, Bundibugyo, Cote d'Ivoire and Reston) is transmitted through direct contact with the blood, secretion, organs or other body fluids of infected persons. Transmission through handling of infected animals such as monkeys, chimpanzees and gorillas and nosocomial (hospital acquired) infection of health workers through close contact with patients are also common.

Symptoms include fever, intense body weakness, muscle pain, headache, vomiting, diarrhea and both internal and external bleeding. No specific treatment or vaccine is currently available for the disease; management of cases is based on treatment of symptoms.

4. Upcoming Events

| Event | Date | Venue | Contact |
|--|---|-------------------|---|
| Public Health Pre-Deployment (PHPD) Course (French and English versions) | 26 th September – 7 th October 2011 | Hammamet, Tunisia | hactraining@who.int |
| Analyzing disrupted health systems course (French version) | September 2011 | Hammamet, Tunisia | hactraining@who.int |
| Mental Health in Complex Emergencies | 25 th September – 2 nd October 2011 | Nairobi, Kenya | http://www.cihc.org/mhce |

5. Acknowledgments

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