

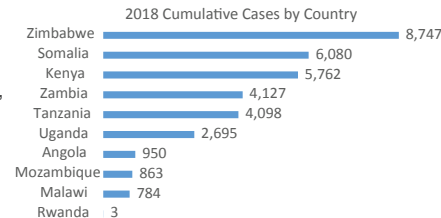
# Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa

Regional Update for 2018 - as of 3 October 2018



## Highlights

10 out of the 21 countries in Eastern and Southern Africa Region (ESAR) have reported more than 34,109 cholera / AWD cases and 412 deaths (Case Fatality Rate, 1.2%), since the beginning of 2018. These countries include; Angola, Kenya, Malawi, Mozambique, Rwanda, Somalia, Tanzania, Uganda, Zambia and Zimbabwe. Zimbabwe accounts for 25.7 % of the total case load reported this year, followed by Somalia at 17.9%.



Currently, 4 out of the 21 countries in ESAR are reporting active transmission of cholera / AWD (Zimbabwe, Tanzania, Somalia and Kenya). During the week under review, Zimbabwe reported the highest number of new cases (1,275 cases including 3 deaths). Of the four countries with active transmission, Tanzania has recorded the highest CFR (at 1.9%) in 2018.

**Zimbabwe:** The current outbreak continues to accelerate in a span of the last four weeks with a cumulative total of 8,435 cases and 49 deaths reported as of 2nd October 2018. These cases have emerged from the following 7 provinces: Harare (Harare: 8,245 including 43 deaths, Chitungwiza: 86), Mashonaland Central (Shamva: 2, Mazowe: 8, and Rushinga:1), Mashonaland East (Marondera:13, Murehwa: 5, Mutoko:3, Wedza: 4, Chikomba: 4, and Seke: 6), Manicaland (Buhera: 29 including 4 deaths, Makoni: 3 including 1 death, and Mutare city: 13), Midlands (Gokwe north: 10), Masvingo (Masvingo: 2 cases including 1 death), and Matabeleland South (Beitbridge: 1). Of the total cases, 162 were confirmed positive for V. cholerae. The latest outbreak was declared on 5th September 2018.

During the week under review, week 39 (week ending 30 September 2018), 1,275 cases including 3 deaths were reported

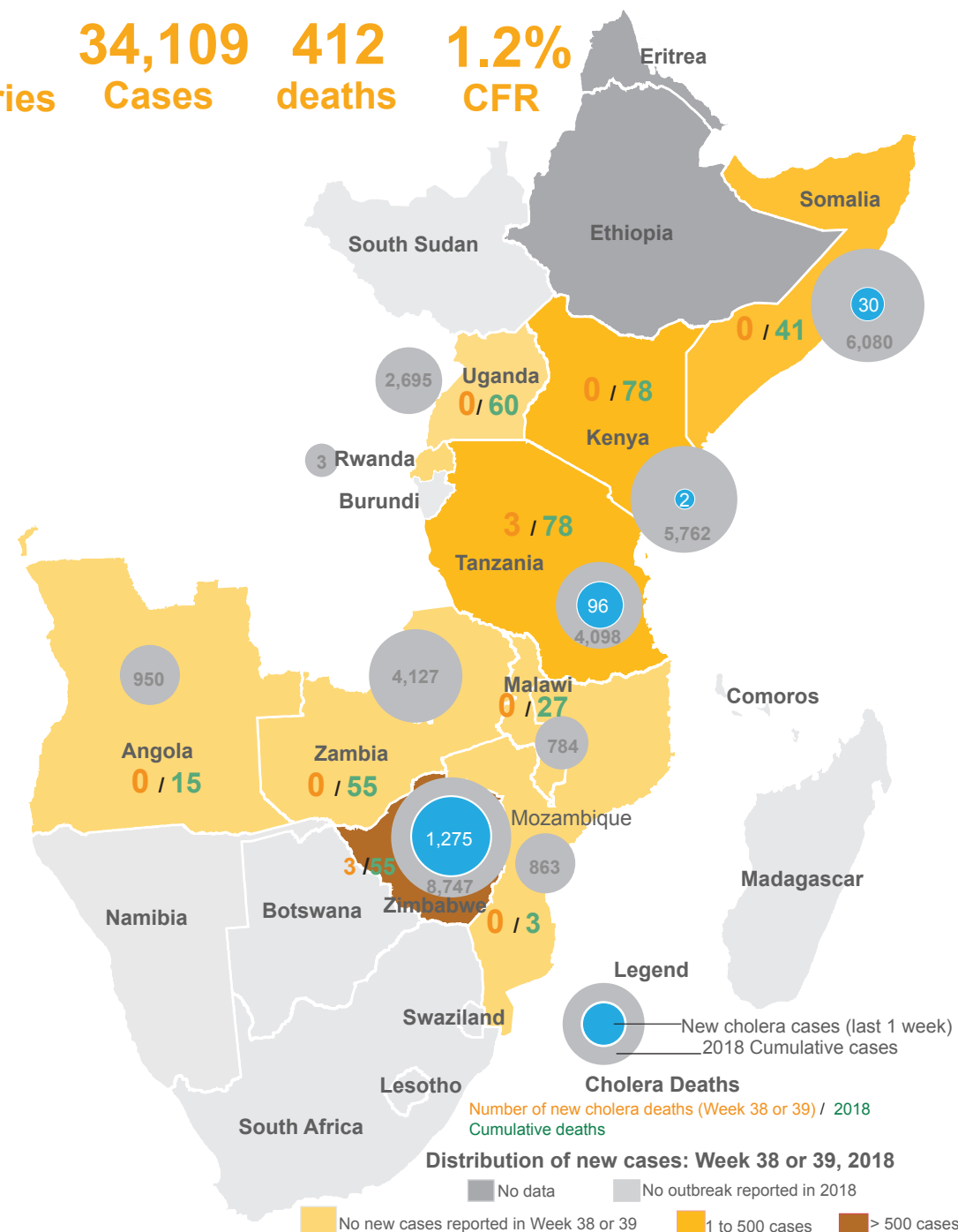
**Tanzania:** A decline in the epidemic trend has been noted. During week 39, 96 new cases including 3 deaths (CFR, 3.1) were reported compared to 150 cases including 6 deaths (CFR, 4%) reported in week 38 (week ending 23 September 2018). These new cases emerged from Ngorongoro district in Arusha region (80 including 2 deaths), Simanjiro district in Manyara region (3) and in Rukwa region (13 cases including 1 death). Cumulatively a total of 32,729 cases including 544 deaths have been reported since the beginning of the outbreak in August 2015. Of these, a total of 4,098 cases and 78 deaths have been reported in 2018.

Ngorongoro district is inhabited by Maasai community, traditional believed to live in harmony with wild animals. Inadequate access to improved water sources, cultural practices, inadequate number of qualified personnel to support the response, and over-reliance on traditional medicines as the 1st line of treatment; are factors that hinder cholera control and prevention interventions in this district.

**Somalia:** During week 38, 30 new cases were reported compared to 34 cases reported in week 37. These new cases are concentrated in the following regions; Banadir (27) and Lower Jubba (3). Cumulatively a total of 6,485 cases including 42 deaths have been reported since the beginning of the outbreak in December 2017. Of these, a total of 6,080 cases and 41 deaths have been reported in 2018.

**Kenya:** The cholera outbreak had seemed to lull for three weeks (Weeks: 34, 35 and 36), until one cholera case was confirmed from Kalobeyei village in Turkana West sub-county during week 37. 6 cases have been confirmed since then, as of 2nd October 2018.

**10 Countries**  
**34,109 Cases**  
**412 deaths**  
**1.2% CFR**



# Country Priorities and Response Interventions

## Country Priorities

## Response Interventions

### Zimbabwe

- Development and review of key messages delivered through various channels to ensure alignment with Zimbabwe cholera guidelines
- Develop risk communication plan for cholera prevention and outbreak control
- Collaborate with Virology lab to check on Rotavirus infection
- Strengthen data management and verification for the outbreak

- An Oral Cholera Vaccine (OCV) mass vaccination campaign is planned to protect the population most at-risk of cholera in Harare city and surrounding areas (i.e. Chitungwiza, Epworth).
- City of Harare is fixing sewer bursts and increasing water supply in Budiro and GlenView
- MSF set up a CTC at Glenview polyclinic premises and provided extra nurses to support the response
- UNICEF prepositioned 7 tents at Glen View for CTC set up
- 10,683 families have received hygiene kits (through UNICEF and Higher Life Foundation); largely in Budiro and Glen view, with the balance distributed in Chitungwiza town, Manicaland and Masvingo provinces
- Over 100,000 people in high risk areas were reached with safe water through water trucking supported by UNICEF
- Zimbabwe Cholera Control guidelines were developed and aligned to WHO Cholera Management guidelines
- MSF is orienting health workers on case management using WHO guidelines
- WHO is providing technical oversight on case management, including providing guidance on interpretation of laboratory findings to guide choice of antibiotics based on biograms.
- OXFAM distributed NFIs targeting 5000 HH in Glenview and Budiro including provision of mobile toilets, community mobilization, water quality testing and school hygiene promotion
- Private sector players and CSOs are supporting installation of water tanks and water trucking in hot spot areas. WVZ is supporting 30 schools in Glen View and Budiro by providing aqua tabs, 300x20L buckets with taps for drinking water, 150 x 68L water containers with taps for hand washing, protective clothing and detergents for toilet cleaners, shovels and wheel barrows for solid waste management and hygiene education in schools.
- Over 140,000 reached with key messaging from WASH sector players and City of Harare

### Somalia

- Improve access to safe water, sanitation and health care for IDP's and refugees in the Banadir region (including Mogadishu) and Kismayo

- Chlorination of water sources in affected areas in Banadir was conducted
- 1,500 hygiene kits were distributed in selected villages affected by AWD in Kismayo
- Hygiene promotion / AWD prevention and control training is ongoing in Banadir and Kismayo
- WHO conducted on-job training for health workers in Banadir and Kismayo

### 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 when under their supervision
- Increase the number of health personnel in affected areas

- Local authorities have banned all community ceremonies and gatherings in affected areas
- UNICEF released the following items to be used for intervention in Ngorongoro:
  - 8 boxes of Wateguard tablets each with 32,000 tablets
  - 100 Pcs of cholera DVD
  - IEC materials including: 100 cartons of Cholera flip chart each carton containing 18 pcs; 200 pcs Leaflet-kipindupindu kinazuilika; 200 pcs Leaflet-kipindupindu ni hatari; 200 pcs Poster-jikinga na kipindupindu; and 200 pcs Poster-zingatia nyakati muhimu za kunawa mikono;
  - 2 drums (each 45kgs) of chlorine granules
- Interventions in Kalambo DC in Rukwa region include: Health education on cholera prevention and control through a mobile van; 3 out of the 5 samples that were collected turned positive for Vibrio cholera; and a CTC was established close to Mombo Dispensary equipped with adequate supplies and commodities

### Uganda:

Current preparedness and prevention interventions include;

- MOH supported 13 cholera hotspot districts to complete their cholera contingency plans
- Uganda is finalizing preparations to start OCV vaccination in cholera high risk areas along lake Albert- targeting about 600,000 people in Nebbi, Pakwach, Bullisa and Zombo districts

**Mozambique :** Current preparedness and prevention interventions include;

- To prevent cross-border transmission of the cholera outbreak from neighbouring countries, the following actions have been implemented: (a) national multi-sector preparedness and response team has been reactivated to assess the risk of the outbreak and review the response plan. (b) Social and behavior change communication activities are being implemented in Manica province which borders Zimbabwe
- Partners (WHO, UNICEF and MSF) have supported Ministry of health in the development of contingency plan for cholera preparedness and response
- UNICEF in collaboration with MoH is planning the distribution of water purification solution (CERTEZA ®), targeting cholera hotspots in all provinces
- UNICEF and WHO are supporting replenishment and prepositioning of AWD kits and water purification solutions
- UNICEF developed radio spots on cholera prevention

# Annex 1: Distribution of Cholera / AWD outbreaks in Southern Africa and Challenges in Response - as from 1 of January 2018

## Challenges: Angola

- Successive outbreaks, inadequate funding, lack of experienced partners within the country, poor coverage of basic services including WASH, informal settlements and rapid urbanization are factors that hinder cholera preparedness interventions, mainly in terms of WASH and Communication for Development

## Challenges: Zimbabwe

- Erratic and inadequate municipal water supplies. Although Glenview and Budiriro have been prioritized, other hotspot suburbs are deprived of municipal water supplies
- In Buhera district, the religious sect (Apostolic Sect) is reported to be resisting interventions and 'hiding' patients
- Municipal water supply is sometimes interrupted during sewer repair and communities spend hours without clean water and no mobile water tanks in place to supply residents
- Low supply of Aqua Tabs
- Non availability of risk communication plan for cholera outbreak response, coupled with, inadequate number of volunteers doing door to door visits and lack of transport for the Health Promotion Unit who are coordinating the communication and social mobilization response; are some of the bottlenecks that hinder risk communication, community engagement and social mobilization

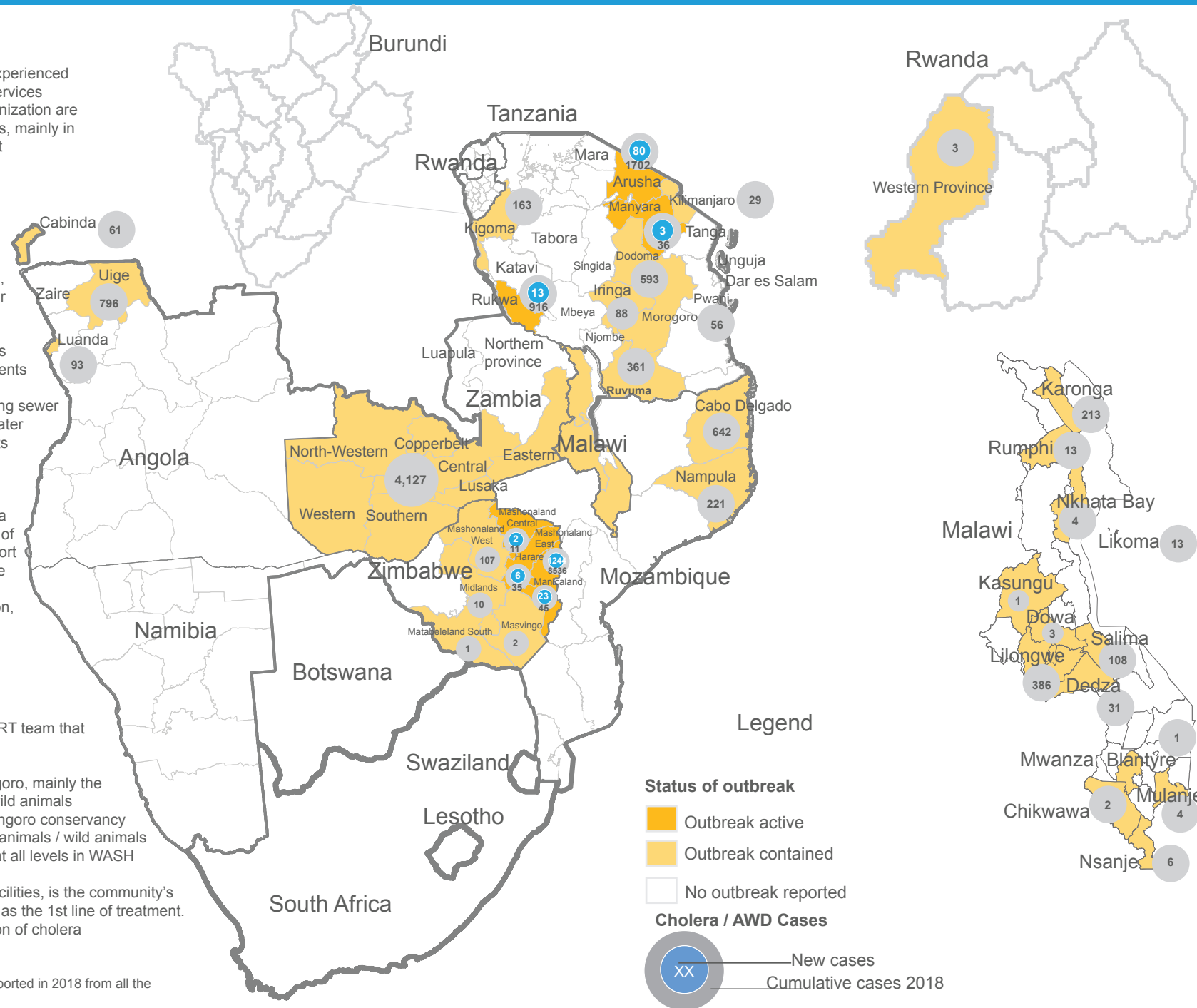
## Challenges: Tanzania

Some of the challenges noted in Ngorongoro by the RRT team that was deployed include;

- High illiteracy rate of the community living in Ngorongoro, mainly the Maasai community who have lived in harmony with wild animals
- Challenges to accessing safe water within the Ngorongoro conservancy as the populations use the same water used by their animals / wild animals
- Inadequate number of staff to support the response at all levels in WASH and Health
- A major barrier to prompt care seeking from health facilities, is the community's over-reliance on traditional medicines for all ailments as the 1st line of treatment.
- Cultural practices/rituals that promote the transmission of cholera

\*Cases presented for Zambia refers to cumulative cases reported in 2018 from all the affected districts

Creation date: 3 October 2018

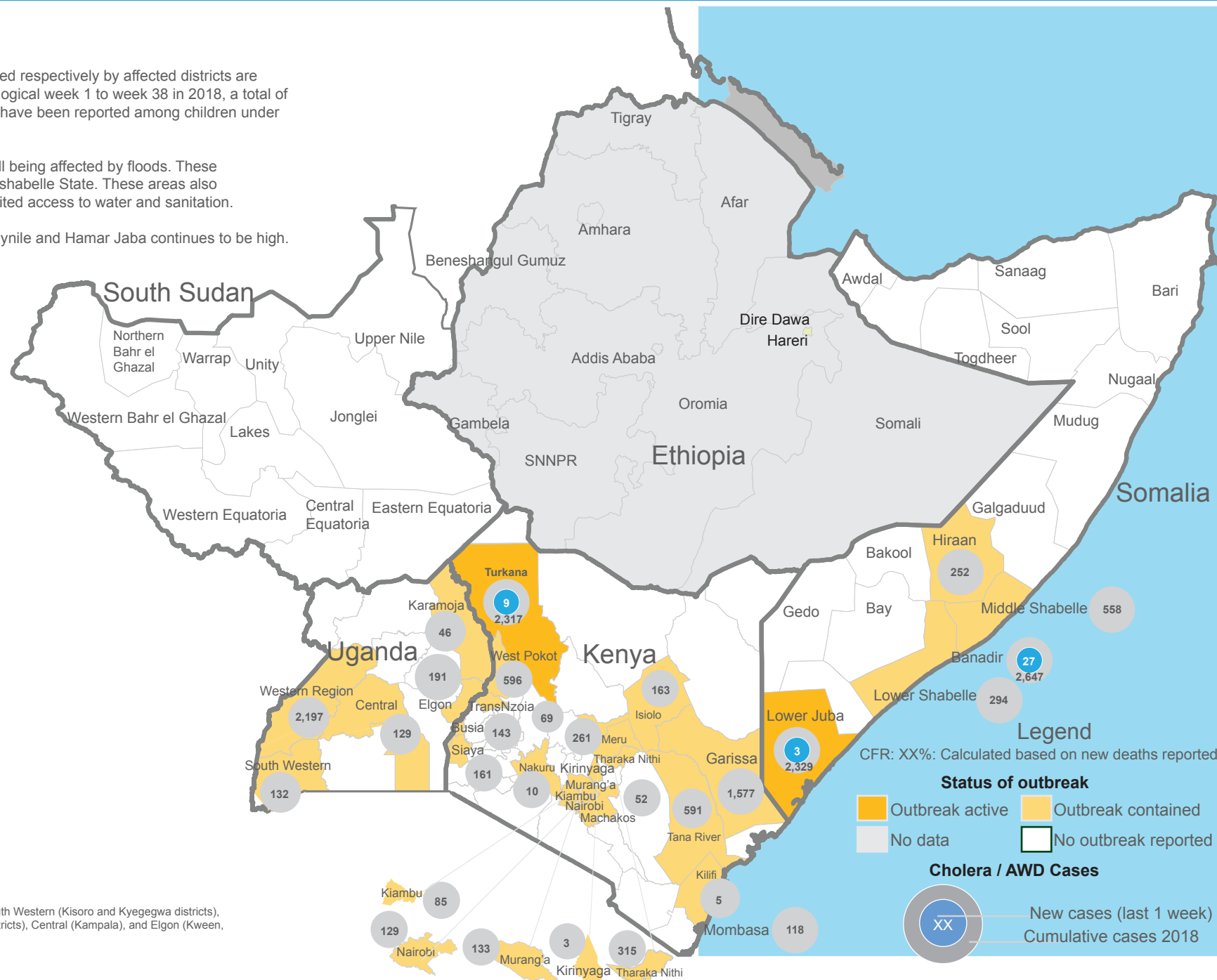


Sources: Ministries of Health and WHO

# Annex 2: Distribution of Cholera and AWD Outbreaks in the Horn of Africa and Challenges in Response - as from 1 of January 2018

## Somalia: Challenges

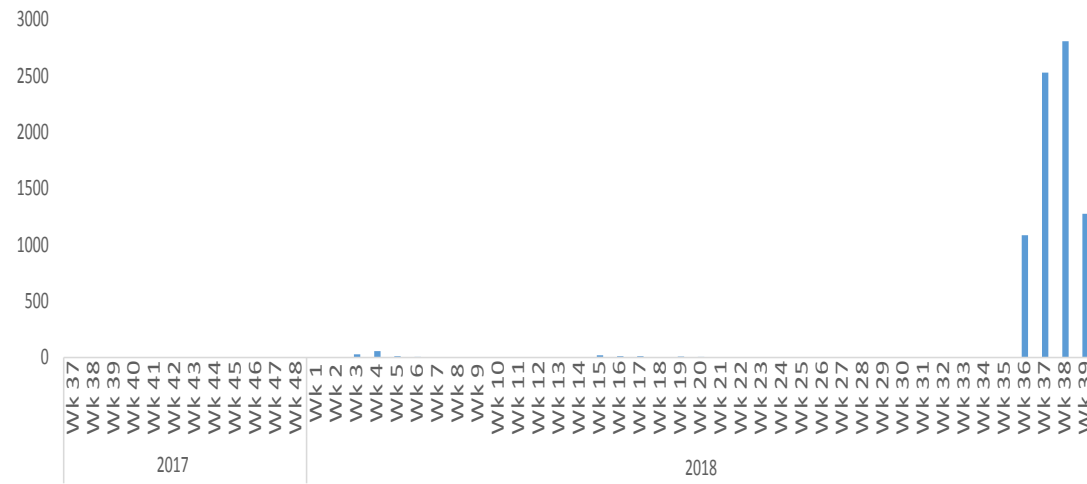
- 54.7 % and 43.9% of cases and deaths reported respectively by affected districts are children under the age of five. From Epidemiological week 1 to week 38 in 2018, a total of 3,326 cases including 18 deaths (CFR, 0.5%) have been reported among children under the age of five (Source, WHO).
- Cholera endemic areas have been and are still being affected by floods. These areas include; South West, Jubbaland and Hirshabelle State. These areas also have a high concentration of refugees with limited access to water and sanitation.
- The case fatality rate in Banadir districts of Daynile and Hamar Jaba continues to be high.



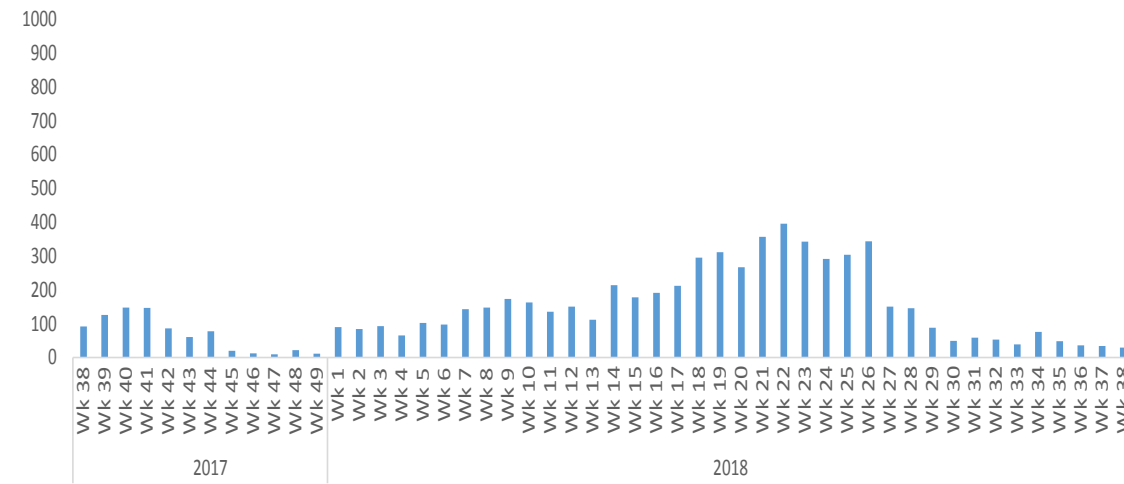
\*\* Cases from Uganda emerged from the following regions: South Western (Kisoro and Kyegegwa districts), Karamoja (Amudat district), Western (Hoima and Kagadi districts), Central (Kampala), and Elgon (Kween, Mbale, Tororo, Busia and Bulambuli districts)

# Annex 3: Epi Curves for Countries with Active Cholera Outbreaks Currently

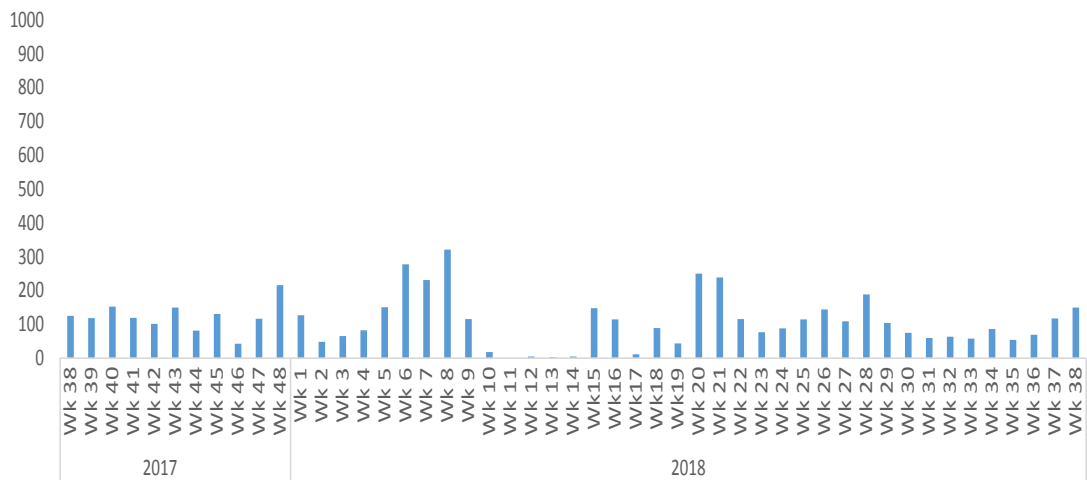
Zimbabwe



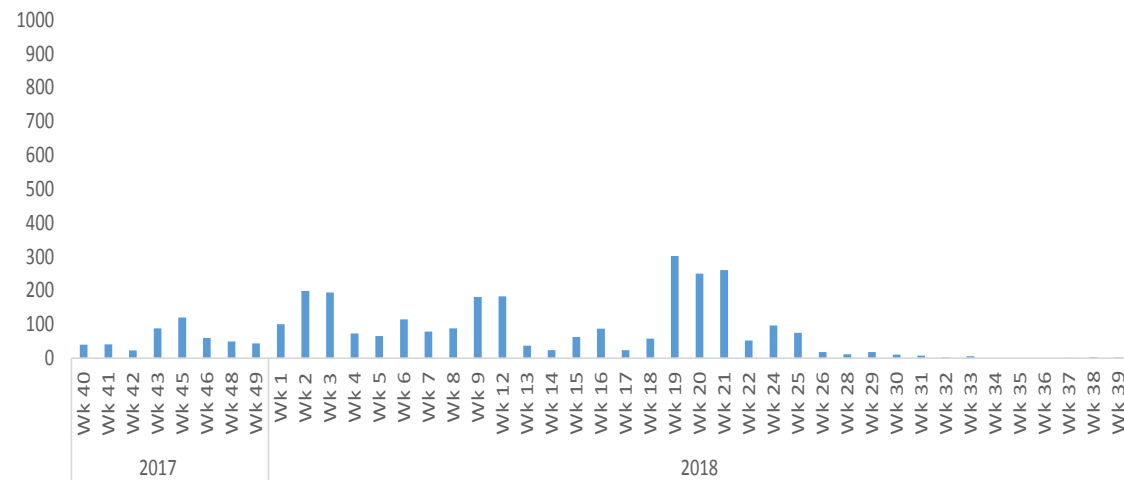
Somalia



Tanzania



Kenya



Annex 4: Weekly Reported Cholera / AWD Cases and Deaths for Countries in Eastern and Southern Africa

Country	Week 36		Week 37		Week 38		Week 39		Week 40		2018 Cumulative			Cumulative since the beginning of the outbreak			Beginning of Outbreaks	Status of the outbreak
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)		
Zimbabwe	1086	18	2528	11	2806	16	1275	3	376**	1**	8,747	55	0.6	8,435	49	0.6	Sep-18	Active
Somalia	36	0	34	0	30	0					6,080	41	0.7	6,485	42	0.6	Dec-17	Active
Kenya	0	0	1	0	3	0	2	0			5,762	78	1.4	26,572	421	1.6	Dec-14	Active
Tanzania	69	1	118	0	150	6	96	3			4,098	78	1.9	32,729	544	1.7	Aug-15	Active
Zambia	0	0	0	0	0	0	0	0			4,127	55	1.3	5,935	114	1.9	Oct-17	Controlled
Uganda	0	0	0	0	0	0	0	0			2,695	60	2.2	2,695	60	2.2	Feb-18	Controlled
Angola	0	0	0	0	0	0	0	0			950	15	1.6	1046	21	2	Dec-17	Controlled
Mozambique	0	0	0	0	0	0	0	0			863	3	0.3	2,435	3	0.1	Aug-17	Controlled
Malawi	0	0	0	0	0	0	0	0			784	27	3.4	939	32	3.4	Nov-17	Controlled
Rwanda											3	0	0.0	3	0	0.0	Jan-18	Controlled
Namibia																		
Burundi																		
South Sudan																		
Madagascar																		
Comoros																		
Swaziland																		
Botswana																		
Eritrea																		
Lesotho																		
South Africa																		
TOTAL											34,109	412	1.2	87,274	1,286	1.5		

\*\*Number of cases and deaths reported in Zimbabwe so far, during week 40 (week ending 7 October 2018), as of 2<sup>nd</sup> October 2018

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