

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

Regional Update for 2019 - as of 4 February 2019



## Highlights

7 out of the 21 countries in Eastern and Southern Africa Region (ESAR) have reported more than 941 cholera cases and 8 deaths with an average Case Fatality Rate of 0.9%, 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 60.8% (572) of the total cases reported this year, followed by Somalia at 21% (198). In 2019, highest Case Fatality Rate (CFR) has been recorded in Zimbabwe at 8.9%.

Of the 7 countries with reported cholera/ AWD outbreaks in ESAR since week 1 of 2019, 5 (Burundi, Kenya, Somalia, Uganda and Zimbabwe) have ongoing cholera outbreaks. During the week under review, Kenya reported the highest number of new cases (101 cases).

**Kenya:** Since the onset of the current outbreak on 2 January 2019, a total of 572 cases including 2 deaths (CFR, 0.3%) have been reported from three counties (Nairobi, Narok, Kajiado). 49.1% of these cumulative cases have emerged from Kajiado County (281 cases), 29% from Narok County (166 cases) and the remaining 21.9% from Nairobi County (125 cases). During week 5 (week ending 3 February 2019), 101 new cases were reported compared to 60 cases reported during week 4 (week ending 27 January 2019).

**Somalia:** 24 new cases of AWD/cholera were reported in week 3 (week ending 20 January 2019). This is a decline in the number of cases compared to the previous week (week 2) when 87 cases were reported. These cases emerged from across Somalia including Somaliland. Cumulatively a total of 7,050 cases including 45 deaths have been reported since December 2017. Of these, a total of 198 cases have been reported since the beginning of 2019.

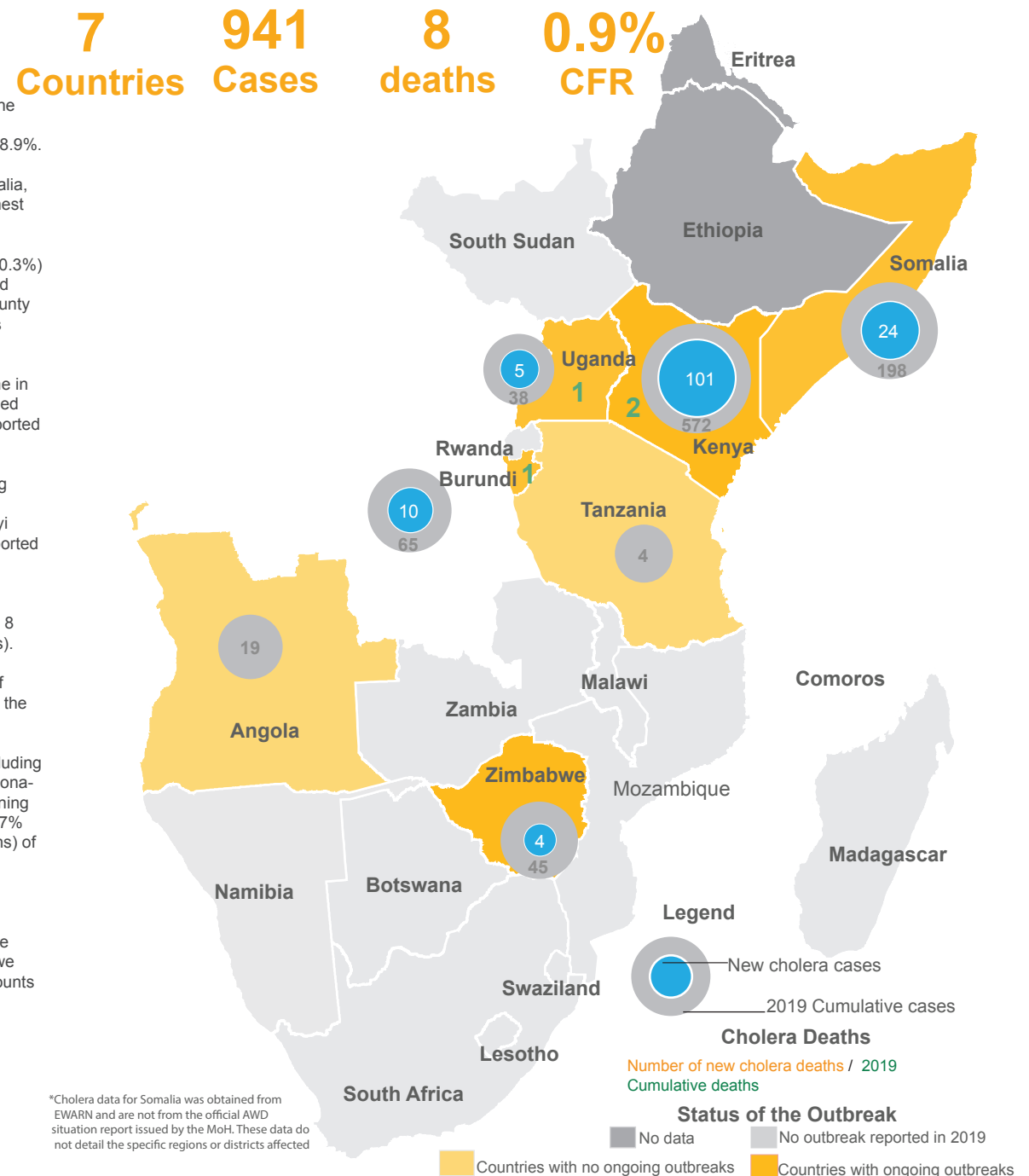
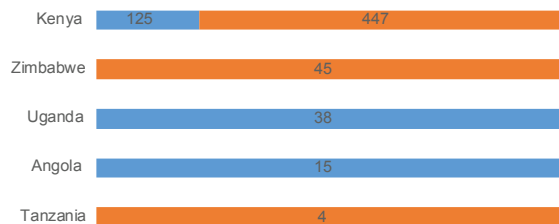
**Uganda:** A decline in the epidemic trend has been noted in the last three weeks (week 2 to 4). For instance, during week 4, 5 new cases of AWD/cholera were reported compared to 8 cases reported in week 3. These new cases emerged from the overcrowded informal settlements of Sembabule zone and Katwe (Rubaga division) and Kisenyi (Central division) in Uganda's capital, Kampala. Cumulatively, a total of 38 cases including 1 death have been reported since the onset of the latest wave of the cholera outbreak in December 2018. Lack of toilets and poor sanitation exacerbated by heavy rains are factors associated with the current outbreak.

**Burundi:** 10 new cases of cholera / AWD including 1 death (CFR, 10%) were reported during week 4 compared to 8 cases reported in week 3. New cases emerged from Bujumbura Mairie (8 cases) and Rumonge province (2 cases). Cumulatively a total of 169 cases including 2 deaths have been reported since the beginning of the outbreak in December 2018, with majority (69.2%, 45) of these cases emerging from Rumonge province. 38.5% (65 cases) of cumulative cholera / AWD cases and 50% of all reported cholera / AWD related deaths, have been reported since the beginning of 2019.

**Zimbabwe:** During week 5 (week ending 3 February 2019), 4 new cases were reported compared to 11 cases including 1 deaths (CFR, 9.1%) reported in week 4. These new cases emerged from Murehwa and Mutoko districts in Mashonaland East province. Cumulatively, a total of 10,696 cases including 69 deaths have been reported since the beginning of the outbreak on 5 September 2018, with 93% (9,971) of these cases emerging from Harare and the remaining 7% emerging from 22 districts outside Harare. 0.4% (45 cases) of cumulative cholera / AWD cases and 5.8% (4 deaths) of all reported cholera / AWD related deaths, have been reported since the beginning of 2019.

## 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 73.6 % (496 cases) of the total caseload while urban areas account for 26.4% (178 cases). Cases reported from rural areas are emerging from Kenya, Zimbabwe and Tanzania; while cases reported from urban areas are emerging from Uganda, Kenya and Angola. Kenya accounts for the highest number of cases reported in rural areas (90.1%, 447) and in urban areas (70.2%, 125).



\*Cholera data for Somalia was obtained from EWARN and are not from the official AWD situation report issued by the MoH. These data do not detail the specific regions or districts affected

Sources: Ministries of Health and WHO

Creation date: 4 February 2019

# Country Priorities and Response Interventions

## Country Priorities

## Response Interventions

### Kenya

- Improve the coordination and communication of response within the affected county and to neighbouring counties
- Complete cholera epidemiological study
- Development of multiyear cholera control plan and cholera elimination plan
- Involve the county senior management and national government for resource mobilization to intensify the hygiene promotion and community mobilization

- This year Ministry of health Headquarters deployed multisectoral outbreak investigation and response teams to support counties experiencing outbreaks
- Kenya Red Cross Society (KRCS) through PCA with UNICEF is implementing integrated health, WASH and C4D interventions to strengthen management of cases at CTCs, community mobilization and awareness creation and hygiene promotion
- The affected County Governments are providing treated water through water trucking to 2 CTUs and primary school in the affected area
- Hygiene promotion and social mobilization on cholera prevention in the affected areas along the river has been taking place through Community Health Volunteers and KRCS
- The County Government has banned the food vendors on the street in the entire County
- The national government provided some limited quantities of assorted antibiotics and PUR, chlorine granules and aquatabs to support the County response while KRCS distributed water treatment chemicals (PUR and aquatabs) for 600 households
- UNICEF provided assorted antibiotics, ORS+ZINC, AWD kits, disease outbreak risk communication guidelines, cholera flip charts, IEC materials, jerrycans, buckets, soap and water treatment chemicals (PUR and aquatabs) for 1,000 households to ensure their adequate hygiene practices for one month
- UNICEF also coordinated with the national Ministry of Health and KRCS to deliver IEC materials for cholera prevention/hygiene promotion activities

### Uganda :

- Advocacy to the Government to provide free water from NWSC
- Provide water purification tablets to targeted communities
- Advocacy to Kampala Capital City Authority (KCCA), to empty filled up latrines.
- Advocacy to KCCA for a sustained community clean up exercise in cholera hot spot areas

- National Water and Sewerage Corporation (NWSC) has installed 100 stand taps, prepaid water discounted at Uganda shillings 20/= in the cholera epi centre /slums/cholera hot spot areas

- UNICEF provided a cholera kit (to treat 100 patients for 10 days), water purification tablets for 2000 households and IEC materials

### Burundi :

- Strengthen coordination and surveillance at all levels
- Increase testing for water quality
- Media campaign and community awareness activities to promote good practices and avoid local myths and misconceptions around cholera

- MSF has handed over to the Government the treatment of new cases in Rumonge
- UNICEF continues its partnerships with Red Cross Burundi and Civil Protection to conduct water treatment (aquatab distribution) and household disinfection, especially in Bujumbura Mairie where new cases have been reported since 10 January 2019
- Media communication and population awareness programmes are ongoing

### Zimbabwe

- Support weekly surveillance and reporting activities by WASH Provincial Focal Agencies (PFAs)
- Intensify health and hygiene education throughout the country.
- Provision of safe water through promotion of point of use water treatment methods

### 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

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

## Uganda: Challenges

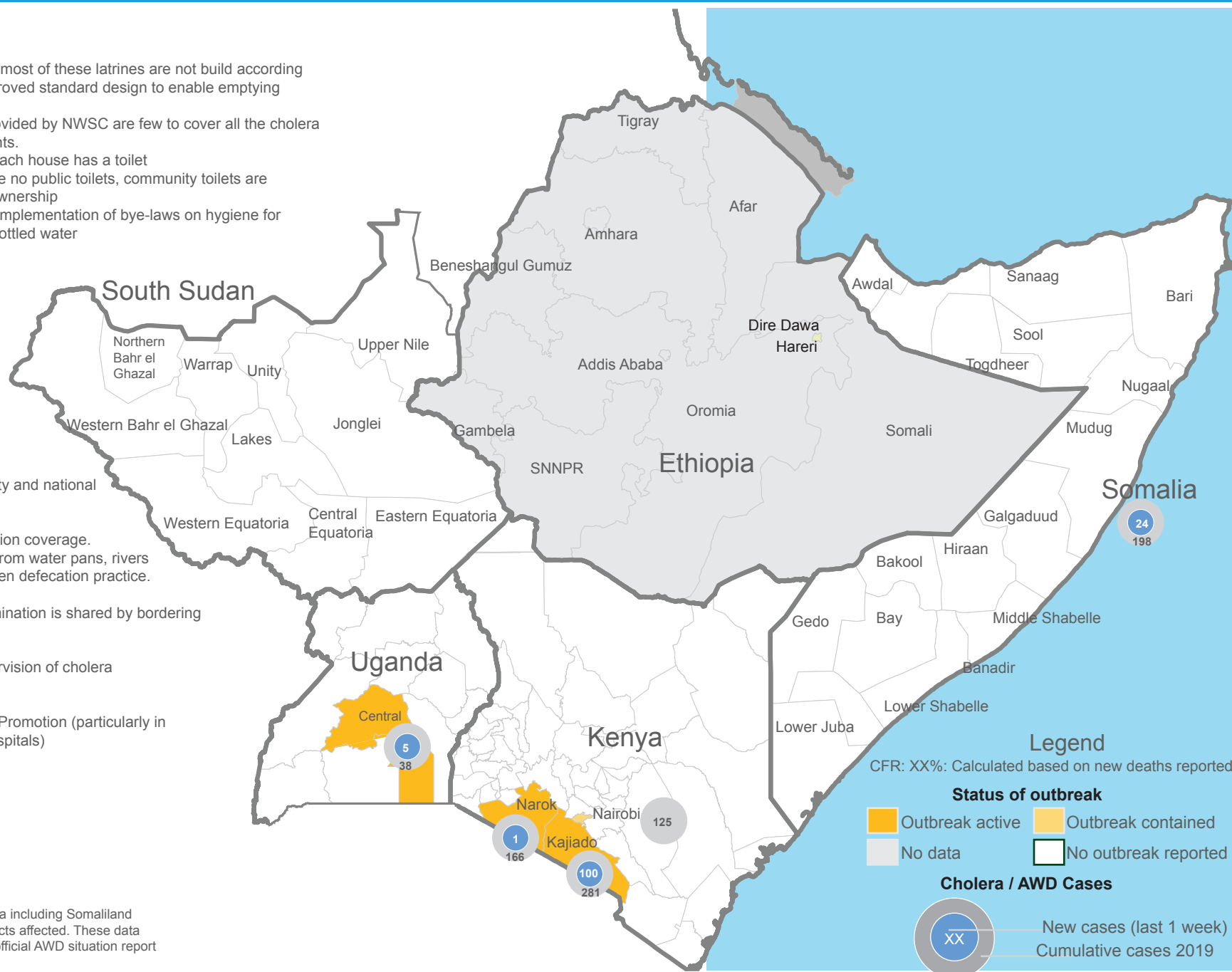
- Low toilet/pit latrine coverage currently at 9%, most of these latrines are not build according to Kampala Capital City Authority (KCCA) approved standard design to enable emptying once they are filled up.
- Low access to clean water, 100 stand taps provided by NWSC are few to cover all the cholera hot spots in Kampala slums/informal settlements.
- Weak inspection and enforcement to ensure each house has a toilet
- Outside the Central Business District, there are no public toilets, community toilets are dilapidated and no community involvement / ownership
- Elected leaders / Politicians interfere with the implementation of bye-laws on hygiene for example opposing regulations on vending unbottled water

## Kenya: Challenges

- Weak multi-sectoral coordination both at county and national levels
- The affected areas have low water and sanitation coverage. Population consumes surface water such as from water pans, rivers and streams, which are contaminated with open defecation practice.
- The river suspected to be the cause of contamination is shared by bordering sub-counties in Kajiado and Narok.
- 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)

\*Cholera cases in Uganda emerged from Kampala

\*\*Cases from Somalia emerged from across Somalia including Somaliland and they do not detail the specific regions or districts affected. These data were published by EWARN and are not from the official AWD situation report issued by the MoH



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

## Challenges: Zimbabwe

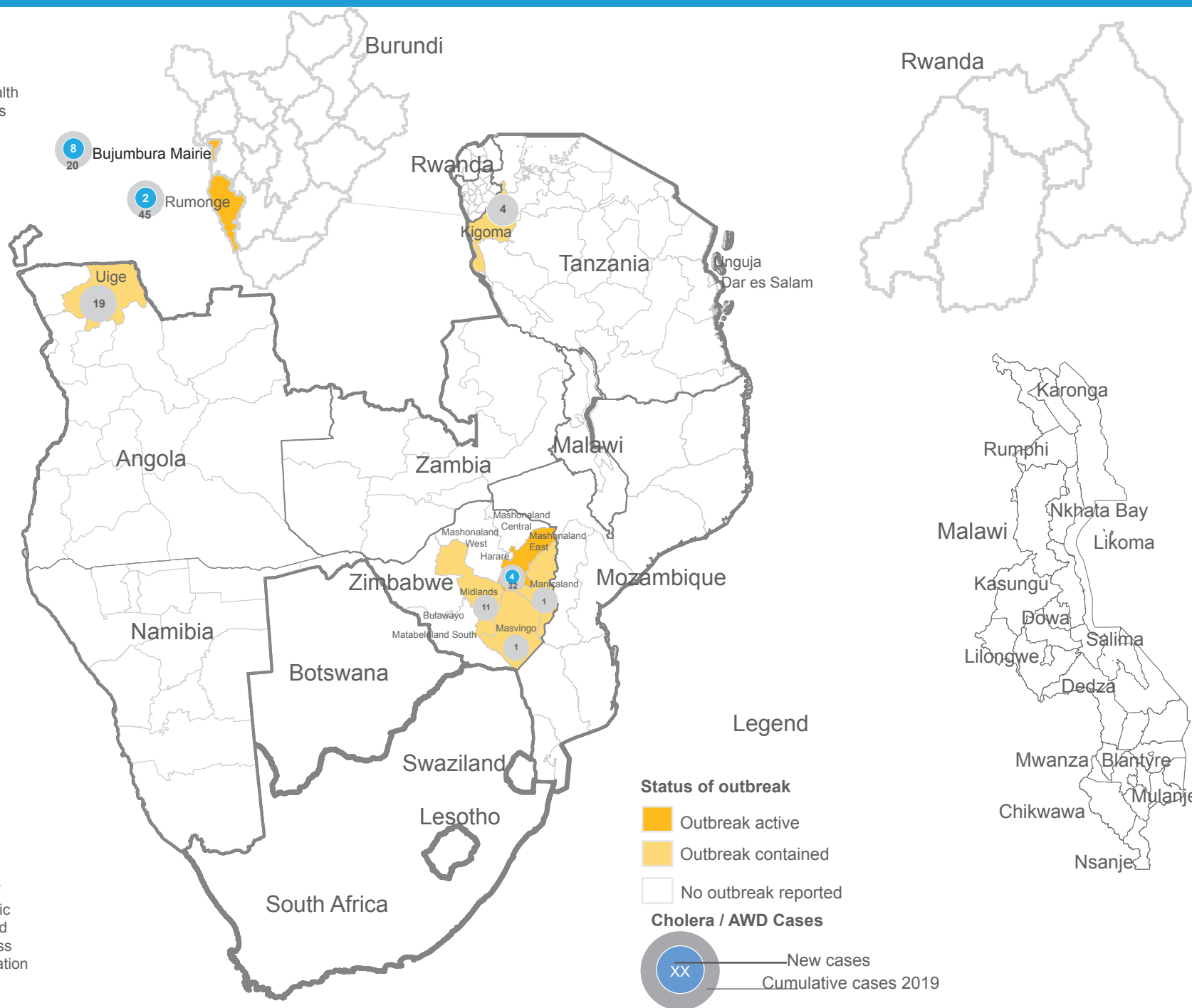
- It's a challenge to reach the Apostolic Sect with key health and hygiene education messages. The suspected cases reported outside Harare are directly linked to one of the Apostolic Sect gatherings

## Challenges: Tanzania

- There are limited 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

## Challenges: Angola

- Successive outbreaks, inadequate funding, lack of experienced partners within the country and skilled staff at provincial and municipal levels, 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



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

Country	Week 3		Week 4		Week 5		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 (%)		
Somalia	24	0					198	0	0	6,447	45	0.7	78,596	1118	1.4	7,050	45	0.6	Dec-17	Active
Kenya	50	0	60	0	101	0	572	2	0.3	5,782	78	1.3	4129	76	1.8	572	2	0.3	Jan-19	Active
Tanzania	0	0					4	0	0	4,688	84	1.8	4,276	76	1.8	33,325	550	1.7	Aug-15	controlled
Uganda	8	0	5	0			38	1	2.6	2,699	60	2.2	253	2	2.0	38	1	2.6	Dec-19	Active
Zimbabwe	4	0	11	1	4	0	45	4	8.9	10,807	71	0.7	6	3	50.0	10,696	69	0.6	Sep-18	Active
Angola	4	0	0	0			19	0	0	1262	18	1.4	389	19	4.9	331	3	0.9	Sep-18	controlled
Burundi	8	0	10	1			65	1	1.5	104	1	1.0	330	0	0.0	169	2	1.0	Dec-18	Active
Malawi	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	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	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	3	0	0.0	5	0	0.0	3	0	0.0	Jan-18	Controlled
S. Sudan	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							941	8	0.9	37,565	443	1.2	109,442	1709	1.6	61,494	822	1.3		

For further information Contact:

**Georges Tabbal**  
WASH Emergencies Specialist  
UNICEF Eastern and Southern Africa Region  
Email: gtabbal@unicef.org

**Ida Marie Ameda**  
Health Emergencies Specialist  
UNICEF Eastern and Southern Africa Region  
Email: iameda@unicef.org

**Maureen Khambira**  
Information Management Specialist  
UNICEF Eastern and Southern Africa Region  
Email: mkhambira@unicef.org