

Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa

Regional Update for 2019 - as of 16 April 2019



Highlights

Almost half of the countries in Eastern and Southern Africa region (ESAR) have been affected by cholera outbreaks since the beginning of 2019. More than 8,258 cholera / AWD cases including 29 deaths have been reported in 10 countries in the region, with an average Case Fatality Rate of 0.4%, since the beginning of 2019. These countries include; Angola, Burundi, Kenya, Malawi, Mozambique, Tanzania, Somalia, Uganda, Zambia and Zimbabwe. Mozambique accounts for 69.5% (5,656) of the total case load reported this year, followed by Kenya at 16.3% (1,350).

Currently 5 out of the 10 countries with reported cholera / AWD outbreaks in ESAR since week 1 of 2019, have active transmission and they include; Mozambique, Somalia, Kenya, Tanzania and Malawi. During the week under review, Mozambique reported the highest number of new cases (1,584 cases). Of the countries with active transmission, Tanzania has recorded the highest Case Fatality Rates (CFR) in 2019 at 1.6%.

Mozambique: A new surge in the disease has produced roughly a cumulative total of 5,656 reported cholera cases including 8 deaths in a span of three weeks (from Week 13, week ending 31 March 2019: to Week 15, week ending 14 April 2019). These cases emerged from 4 districts affected by Cyclone Idai: Beira, Dondo, Nhamatanda and Buzi. A 47.6% decrease in the weekly incidence has been noted in the last two weeks. During week 15, 1584 new cases including 1 death (CFR, 0.06%) were reported compared to 3,024 cases including 6 deaths (CFR, 0.2%) reported in week 14 (week ending 7 April 2019). The emergency cholera vaccination campaign which ended on 10 April 2019 covered 98.7% (814,293 people) of the targeted population in four districts affected by Cyclone Idai.

Somalia: An increase in the epidemic trend has been noted in the last two weeks. During week 13, 40 new cases were reported from Banadir Region compared to 32 cases reported in week 12 (week ending 24 March 2019). Cumulatively a total of 707 cases with no deaths have been reported since the beginning of 2019. Children under five years bear the brunt of the cholera outbreak, representing 45% of the total case load reported in both epidemiological weeks 12 and 13. During the week under review, the most affected districts in Banadir were Hodan accounting for 25% (10/40) of the total number of cases reported during week 13, followed by Daynile accounting for 22.5% (9/40).

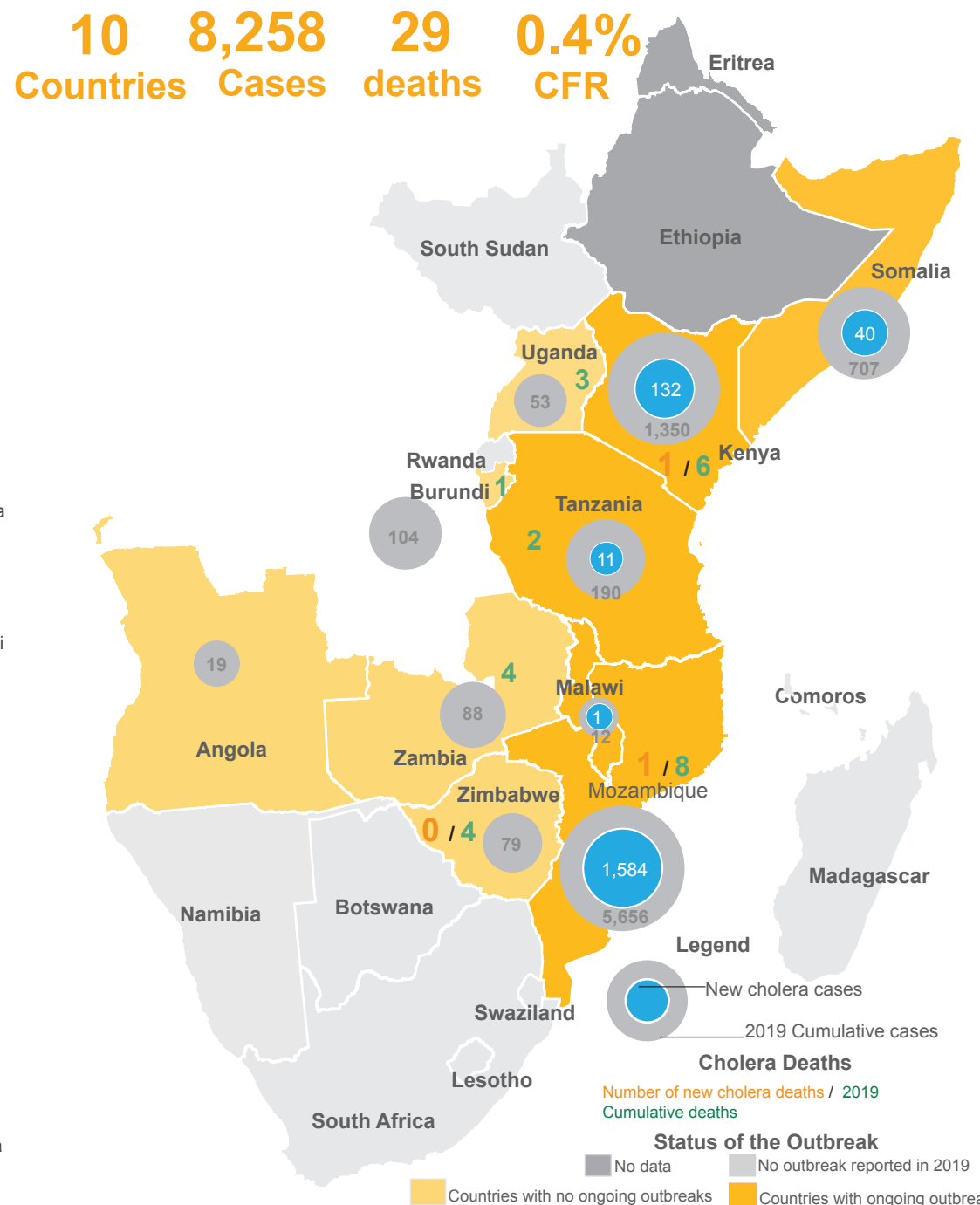
Kenya: In reporting week 15, 132 new cases including 1 death (CFR, 0.8%) were reported from three Counties - Nairobi (102), Kajiado (24) and Garissa (6); compared to 14 cases reported during epidemiological week 14. Since 1 January 2019 to 16 April 2019, cholera outbreaks have been reported in Narok, Kajiado, Nairobi, Garissa and Machakos Counties with a cumulative total of 1,350 cases including 6 deaths (CFR, 0.4%). Of these 72 were confirmed positive.

Malawi: From week 13 to 15, 5 confirmed cases of Cholera were registered in three districts: 1 in Nsanje from TA Tengani, 2 in Mchinji, and 2 in Mwanza. There is confirmed evidence of cross-border transmission with Mozambique. The Mwanza district cases had history of travel from Moatize, Tete province in Mozambique where they experienced symptoms. The outbreak was first detected on 30 March 2019. The index case started having signs of watery diarrhoea and vomiting on 29 March 2019 on their way back to Malawi from Moatize district in Mozambique. Following investigations the index case was confirmed positive. The second case from Moatize in Mozambique turned positive by RDT at Mwanza Hospital in Malawi on 12 April 2019. This was a 20-year old Malawian national (female) who lives with her husband in Moatize, she developed symptoms on 9 April 2019, before she started traveling to Malawi. This case also tested positive for *Vibrio cholerae* by culture.

Tanzania: 11 new cases were reported from Tanga region during epidemiological week 15, bringing the total number of cases reported since the beginning of 2019 to 190 cases including 3 deaths (CFR, 1.6%)

Urban - Rural Disaggregation of Cholera Cases

Overall, more cholera cases emerge from urban areas (77.6%; 5,711) as compared to rural areas (22.4%; 1,648). This is according to an analysis of cholera cases reported since the beginning of 2019 from seven countries (Angola, Kenya, Malawi, Mozambique, Tanzania, Uganda, and Zimbabwe). Of the total number of cases reported in urban areas (5,711), Mozambique accounts for the majority (92.65%; 5,291), followed by Kenya (5.22%; 298), Uganda (0.93%; 53), Tanzania (0.84%; 48), Angola (0.33%; 19), Malawi (0.02%; 1) and Zimbabwe (0.02%; 1). All cases reported in Uganda (53) and Angola (19) emerged from urban areas. Apart from Mozambique, Uganda and Angola; collectively, the remaining four countries (Kenya, Zimbabwe, Tanzania and Malawi) have more cholera cases emerging from rural areas (78.7%; 1,283) as compared to urban areas (21.3%; 348).



Country Priorities and Response Interventions

Country Priorities

Response Interventions

Mozambique

- Set up new cholera treatment centers, rehydration corners and supply AWD kits in affected areas
- Intensify Social mobilization activities
- Increase coverage of WASH services

- An Oral Cholera vaccination campaign was conducted between 4 and 9 April 2019, attaining an overall coverage of 98.6% (803,125 total vaccinated). This includes; 422,958 (98.5%) people vaccinated in Beira, 45,322 (108.3%) people vaccinated in Buzi, 163,721 (93.9%) people vaccinated in Dondo, and 171,124 (101.5%) people vaccinated in Nhamatanda.
- In Beira, a cholera treatment centre, cholera treatment unit and oral rehydration points were set up; and in Dondo, Nhamatanda and Buzi cholera treatment units were set up
- 24 AWD kits were supplied by UNICEF to affected areas
- 138,873 bottles of water purification solution (CERTEZA) were distributed, targeting the most affected communities
- 900 community volunteers have been deployed for cholera prevention and hygiene/sanitation promotion in Beira and Dondo.
- Water quality monitoring for residual chlorine is being reinforced for all water distributed to accommodation centres / camps and throughout the municipal system in general
- Approximately 900 social mobilizers deployed in the hot spot areas of Beira. Around 30,000 families per week reached. Similar actions are being extended to Dundo, Nhamatanda, Buzi and Chimoió
- 3 multimedia mobile units of ICS engaged approximately 28,000 people in transit centers and communities in Beira and Dondo through public announcements and community cinema engagement sessions. Two units will be deployed to Buzi and Nhamatanda.
- 37 radio spots about cholera, malaria and sanitation in Portuguese and two local languages are broadcasted daily. An additional two radio programmes have been produced.
- Partnerships with 200 religious leaders in Beira, Dondo, Nhamatanda and Buzi; expected to reach approximately 43,000 people.
- SMS bi-directional message flows reached more than 7,000 people
- Disease Surveillance system has been established by National Institute of Health with support from WHO

UNICEF Health Response

- Advocated for high level policy team engagement with counties on response
- Through partnership engagement with Kenya Red Cross Society, UNICEF continued to support management of cholera cases through integrated Health, WASH and C4D interventions to improve management of cholera treatment centres and treatment units, hygiene promotion using community health volunteers, and dispatch of assorted supplies to affected counties
- In anticipation of sustained cholera outbreaks due to escalating drought, UNICEF has dispatched emergency health supplies for drought response (including for cholera response) for prepositioning in cholera hotspot counties in Western Kenya, and Arid and Semi-Arid Lands
- Procured Cary- Blair transport media that facilitates collection and transportation of cholera samples
- Provided technical support to Kajiado and Narok Counties cholera outbreak response through technical support to strengthening multi-sectoral county cholera coordination, programmatic visits to trouble-shoot and support re-direct key areas of challenges at the implementation level, and dispatched assorted health, WASH and C4D supplies

WASH Response

UNICEF response in Kajiado County;

- Supported 3,900 households access safe water through household water treatment reaching over 19,500 people.
- Provided one-off support to water trucking to Magadi Ward to control the outbreak
- Supported the County to finalize the Cholera Prevention and Control Action Plan
- Provided technical backstopping through joint visits of the UNICEF SWAT team to the cholera hotspots

UNICEF response in Narok County;

- Supported 2,300 households access safe water through household water treatment reaching over 11,500 people
- Provided technical backstopping through joint visits of the UNICEF SWAT team to the cholera hotspots

County Governments Response (Narok and Kajiado)

- Promotion of household latrine uptake in cholera affected villages
- Hygiene promotion activities by the Public health team
- Training of the front-line staff on cholera prevention and control messaging
- Social mobilization of the community

Response by County Water Departments

- Assessment of community water supply sources, water sampling and quality testing
- Water trucking support to cholera hotspot areas including schools and health facilities

Kenya

- Improve the coordination and communication of response within the affected counties and to neighbouring counties to avoid further spread of the outbreak
- Complete cholera epidemiological study
- Development of select counties (Kajiado County) cholera control plan and National level cholera elimination plan
- Advocacy between national and county senior management on cholera control, resource mapping and reporting

Country Priorities and Response Interventions

Country Priorities

Response Interventions

Malawi

- Deliver key lifesaving health services using mobile teams
- Conduct community awareness on cholera prevention and control
- Treatment of household drinking water
- Preposition cholera supplies
- Strengthen surveillance

- In Nsanje and in Mwanza, one CTC was established in each of these districts for case management
- Ongoing community-based response interventions in Nsanje, Mwanza and Mchinji including; distribution of 1% chlorine solution for household water treatment and dissemination of key hygiene and sanitation messages through the local media
- UNICEF provided more supplies for establishment of CTCs in Nsanje, Mwanza, and Michinji; and prepositioned cholera treatment and prevention supplies
- UNICEF prepositioned cholera supplies in other cholera-risk districts of Chikwawa, Mulanje, Phalombe, Zomba, Machinga, Mangochi, Salima, NkhataBay, Karonga and Lilongwe

Somalia

- Priority area for response is Banadir, in particular the districts of Medina, Daynile, Dharkenley and Hodan
- Provide adequate supplies for the treatment of affected patients to Banadir hospital

- UNICEF supported the cholera treatment centre in Banadir Hospital by providing supplies for treatment of up to 1,500 AWD/ cholera cases and distributed 30 ORS boxes for the treatment of 3,000 patients to partners in 8 priority districts in central and southern Somalia

Tanzania

- Deliver clean and safe water in areas affected by cholera
- Provide chlorine for bulky/general water treatment before distribution to communities
- 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
- Increase the number of various cadres of health personnel (from the community level to higher levels of the health system) in affected areas
- Delivery of clean and safe water in areas affected by cholera

- 504 households in affected areas were reached with water treatment tablets
- The Handeni Council authority received a total of 250,000 water treatment tablets worth 10 Million Tanzanian shillings from World Vision, to support cholera containment efforts by ensuring access to safe drinking water among the cholera impacted communities. The tablets will be distributed in each household among 14 cholera impacted villages
- Handeni water authority continued to ensure community accessibility to safe drinking water through treatment of water at points of distribution with chlorine. However, the calcium hypochlorate which is used as treatment agent is running out of stock, remaining quantity will only run for 6 days
- Community health education was conducted by teams from the Councils level in collaboration with community leaders. Six villages were reached in Handeni DC through community meetings, local radios and deployment of a special van

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

Challenges: Malawi

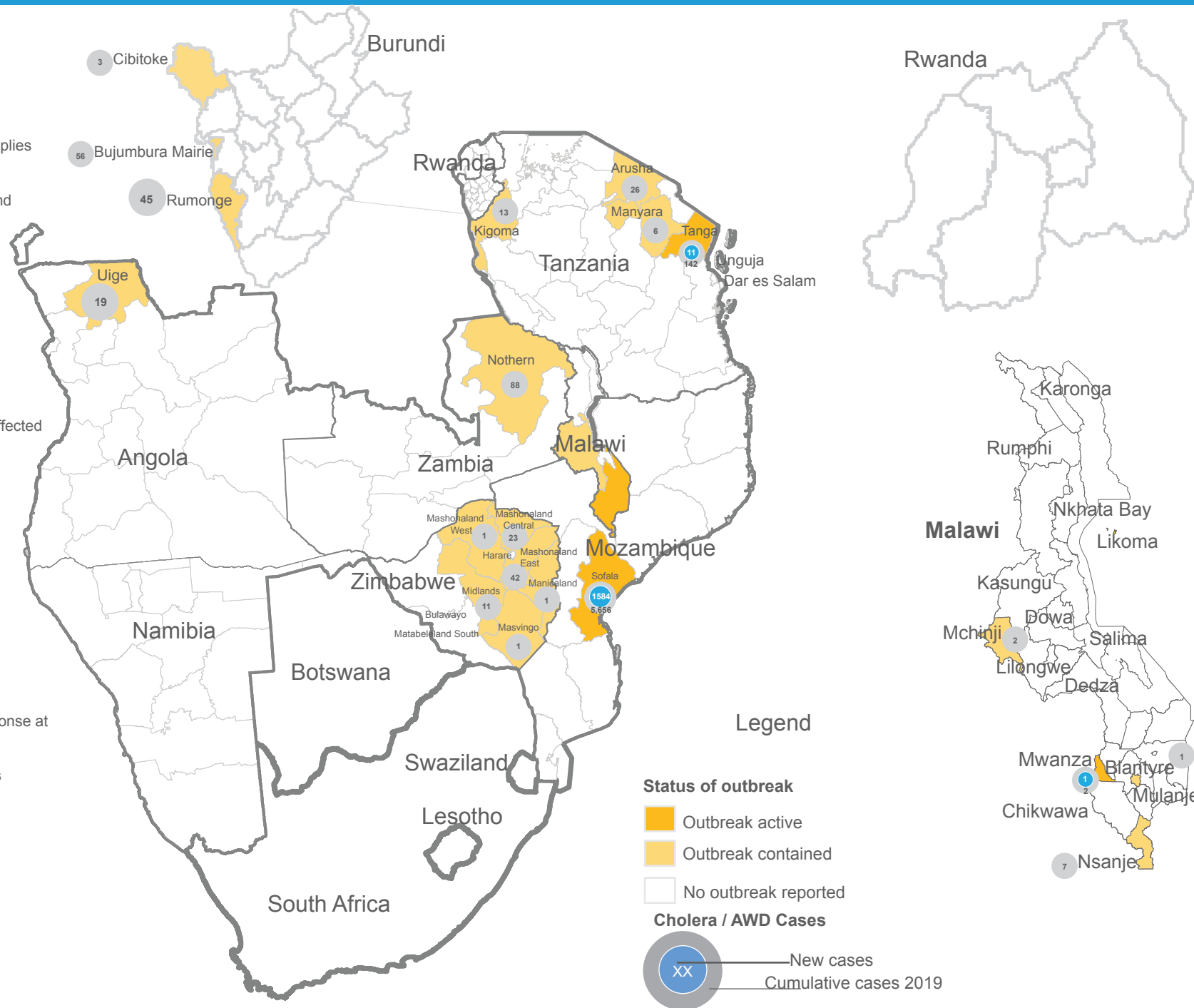
- Poor road conditions hampering access to some of the affected communities
- Inadequate basic health supplies including cholera supplies in affected districts
- Weak multi-sectoral coordination in affected districts and at the national level

Challenges: Mozambique

- Inadequate water supply, treatment and sanitation in affected areas
- Most health facilities were destroyed as a result of the cyclone, and are currently being rehabilitated to meet minimal package of services

Challenges: Tanzania

- There are limited number of 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



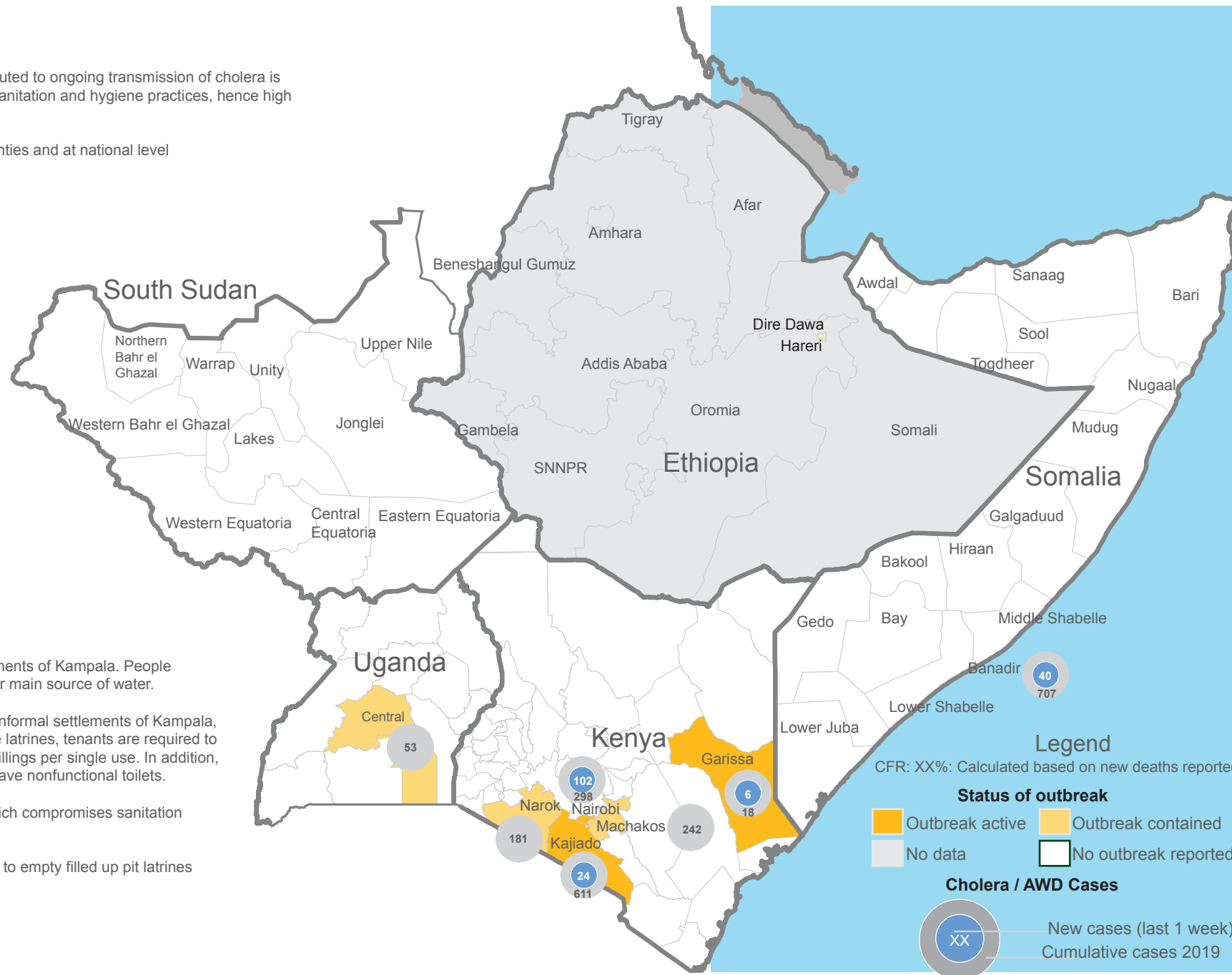
Annex 2: Distribution of Cholera and AWD Outbreaks in the Horn of Africa and Challenges in Response - as from 1 of January 2019

Kenya: Challenges

- With sustained drought, one key risk factor attributed to ongoing transmission of cholera is unavailability of adequate and safe water, poor sanitation and hygiene practices, hence high likelihood of cholera spread to other counties
- Weak multi-sectoral coordination in affected counties and at national level

Uganda: Challenges

- Low access to clean water in the informal settlements of Kampala. People continue to use contaminated water wells as their main source of water.
- Lack of proper excreta disposal mechanisms in informal settlements of Kampala, most of the rented one-roomed house don't have latrines, tenants are required to pay for toilet facilities at a rate of 200 Uganda shillings per single use. In addition, some communities either lack toilet facilities or have nonfunctional toilets.
- Poor drainage system in informal settlement, which compromises sanitation conditions
- Expensive private cesspool empties and gulpers to empty filled up pit latrines



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

Country	Week 13		Week 14		Week 15		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 (%)		
Mozambique	1048	1	3024	6	1584	1	5656	8	0.1	863	3	0.3	3,274	5	0.2	5,656	8	0.1	Mar-19	Active
Kenya	26	0	14	0	132	1	1350	6	0.4	5,782	78	1.3	4129	76	1.8	1,350	6	0.4	Jan-19	Active
Somalia	40	0					707	0	0	6,447	45	0.7	78,596	1118	1.4	707	0	0.0	Jan-19	Active
Tanzania	17	0	8	1	11	0	190	3	1.6	4,688	84	1.8	4,276	76	1.8	33,511	553	1.7	Aug-15	Active
Burundi	0	0	0	0			104	1	1.0	102	1	1.0	330	0	0.0	206	2	0.97	Dec-18	Controlled
Zambia	16	0	1	0	0	0	88	4	4.5	4,127	55	1.3	747	18	2.4	88	4	4.5	Mar-19	Controlled
Zimbabwe	0	0	0	0			79	4	5.1	10,807	71	0.7	6	3	50.0	10,730	69	0.6	Sep-18	Controlled
Uganda	0	0	0	0			53	3	5.7	2,699	60	2.2	253	2	2.0	53	3	5.7	Dec-18	Controlled
Angola	0	0	0	0			19	0	0	1262	18	1.4	389	19	4.9	331	3	0.9	Sep-18	Controlled
Malawi	3	0	1	0	1	0	12	0	0	785	28	3.6	155	5	0.7	12	0	0.0	Feb-19	Active
Rwanda	0	0	0	0			0	0	0	3	0	0.0	5	0	0.0	3	0	0.0	Jan-18	Controlled
South 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							8,258	29	0.4	37,565	443	1.2	109,445	1709	1.6	52,647	648	1.2		

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