

Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa

Regional Update for 2019 - as of 17 May 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 10,437 cholera / AWD cases including 35 deaths have been reported in 10 countries in the region, with an average Case Fatality Rate of 0.3%, since the beginning of 2019. These countries include; Angola, Burundi, Kenya, Malawi, Mozambique, Tanzania, Somalia, Uganda, Zambia and Zimbabwe. Mozambique accounts for 66.5% (6,931) of the total case load reported this year, followed by Kenya at 19.4% (2,020).

Currently 4 out of the 10 countries with reported cholera / AWD outbreaks in ESAR since week 1 of 2019, have active transmission and they include; Kenya, Mozambique, Somalia and Tanzania. During the week under review, Kenya reported the highest number of new cases (130 cases). Of the countries with active transmission, overall Tanzania has recorded the highest Case Fatality Rates (CFR) in 2019 at 1.3%.

Kenya: An increase in the epidemic trend has been noted in the last two weeks. During week 19 (week ending 12 May 2019), 130 new cases including 1 death (CFR,0.8%) were reported compared to 155 cases reported in week 18 (week ending 5 May 2019). New cases emerged from the following five Counties: Mandera (64), Garissa (34), Nairobi (25), Embu (6) and Kajiado (1). Nairobi County cases emerged from Embakasi East (Tassia, Pipeline and Kayole North), Embakasi West (Umoja 1, Umoja 2) and pockets of Starehe, Ruaraka and Kibra Sub Counties. Garissa County cases emerged from Hagadera and IFO refugee camp while those of Mandera County emerged from Kutulo Sub County. Cases from Embu County were reported from Manyatta and Mbeere South sub counties. The new case from Kajiado County emerged from Ongata Rongai in Kajiado North Sub County. Cumulatively, since January 2019, a total of 2,020 cases have been reported out of which 105 were confirmed. There have been 12 deaths with a case fatality rate of 0.6%. High risk areas are characterized by unavailability of potable water, poor sanitation and hygiene practices and the situation is likely to be exacerbated in view of the current long rains.

Mozambique: An increase in the epidemic trend has been noted in the last two weeks. During week 19, 117 new cases were reported compared to 96 cases reported in week 18. This raises the total number of cholera cases reported since the declaration of the cholera outbreak on 27 March 2019 to 6,931 including 8 deaths (CFR, 0.1%). These cumulative number includes; 6,743 cases and eight deaths reported from the Cyclone Idai affected districts of Beira, Buzi, Dondo and Nhamatanda in Sofala Province. A new outbreak of cholera was reported in Cabo Delgado province since 1 May 2019, affecting Pemba city and surrounding districts of Metuge and Mecufi. All areas were affected by the Cyclone Kenneth, with a cumulative total of 178 cholera cases reported.

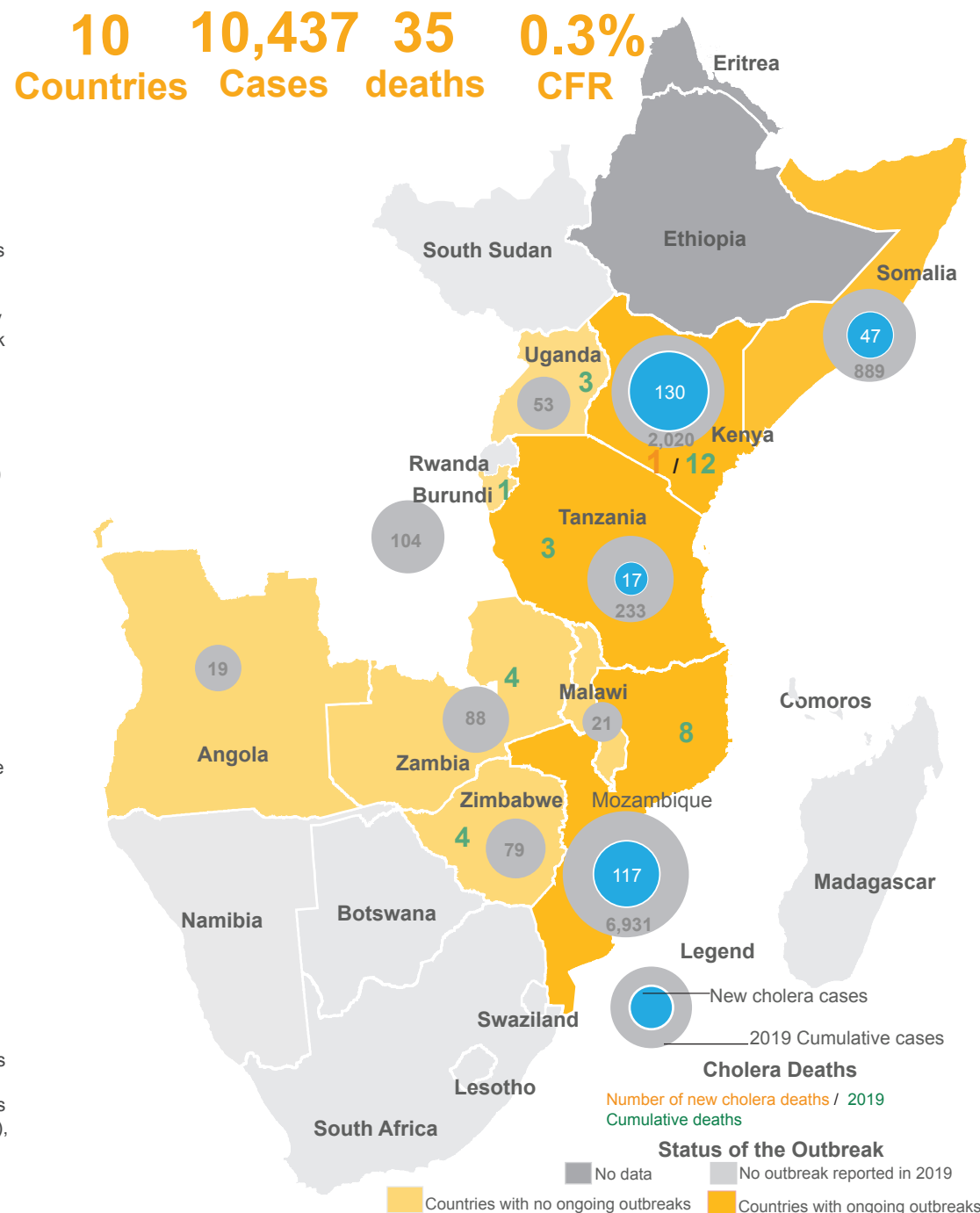
Somalia: An increase in the epidemic trend has been noted in the last two weeks. During week 18, 47 new cases were reported from Banadir region compared to 36 cases reported in week 17 (week ending 28 April 2019). Cumulatively a total of 889 cases with no deaths have been reported since the beginning of 2019. Children under five years bear the brunt of the cholera outbreak, representing 62% of the total case load reported in week 18. The Banadir districts with the highest under-5 case load in Week 18 were Hodan (11), Medina (7), Darkeneley (4) and Daynile (4). During the week under review (week 18), the most affected districts in Banadir were Hodan (15 cases), Darkeneley (8 cases), Daynile (7 cases) and Medina (7 cases). Overall, the most affected Banadir districts (Week 1-18, 2019) are Medina (71 cases; AR 0.11), Hodan (70; AR 0.05), Daynile (57; AR 0.09) and Darkeneley (48; AR 0.06)

Tanzania: In week 17 (week ending 28 April 2019), 17 new cases and zero death were reported from: Handeni DC (7 cases), Pangani DC (9 cases) and Tanga city (1 case) in Tanga region.

Urban - Rural Disaggregation of Cholera Cases

Overall, more cholera cases emerge from urban areas (79.3%; 7,397) as compared to rural areas (20.7%; 1,933). 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 (7,397), Mozambique accounts for the majority (90.58%; 6,700), followed by Kenya (7.76%; 574), Uganda (0.72%; 53), Tanzania (0.66%; 49), Angola (0.26%; 19), Malawi (0.01%; 1) and Zimbabwe (0.01%;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 (73.1%; 1,702) as compared to urban areas (26.9%; 625).

Creation date: 17 May 2019



Sources: Ministries of Health and WHO

Country Priorities and Response Interventions

Country Priorities

Response Interventions

Kenya

- Carry out the following measures in affected counties:

Sustain risk communication in the affected communities
Heighten surveillance activities; contact tracing and prophylaxis of the contacts, active case search and water quality surveillance
Continue with house hold water treatment

- Put in place requisite preventive measures in high-risk counties including water quality surveillance, hygiene promotion, enforcement of the relevant Public Health Laws and capacity building of all sectors on multisectoral cholera control
- Provide logistical support for the national Emergency Preparedness and Response officers to give technical support to county teams

a) Communication for Development (C4D) Interventions in Nairobi County

UNICEF, in partnership with Kenya Red Cross Society (KRCS) provided the following interventions;

- Technical support to the Nairobi county health promotion team to create awareness on cholera prevention and control measures, facilitating community mapping of cholera hotspots, undertaking contact tracing and household disinfection supported by Community Health Volunteers and in promoting improved sanitation and hygiene practices
- Technical support to the county cholera coordination team
- UNICEF has directly provided 1500 cholera brochures and 1000 ORS cards to Nairobi county to facilitate advocacy meetings with stakeholders, distribute IEC materials, mobilise community members in mapped hotspot areas through community barazas and meetings and organized mass media campaigns (FM radios, National TVs, Newspapers and Social media alerts) on cholera prevention and control
- UNICEF C4D is providing technical support to the county government for the development of the cholera communication strategy/ plan. The county's cholera situation analysis will benefit from the UNICEF supported behavioural economics cholera rapid assessment that will be undertaken in Nairobi, Narok and Kajiado counties

b) Health Response

- UNICEF, in partnership with Kenya Red Cross Society (KRCS) is providing integrated health, WASH and C4D interventions for cholera case management in affected counties
- UNICEF supported the procurement and distribution of health supplies for response to cholera outbreaks
- UNICEF in collaboration with WHO are supporting MoH headquarters to develop a cholera elimination plan
- UNICEF in collaboration with WHO are supporting in the development of a cholera response plan for Nairobi-Machakos and Kajiado counties
- UNICEF in collaboration with Prospective Cooperation Institute are working towards finalization of cholera epidemiological study

c) WASH Response

- UNICEF supported the distribution of WASH emergency supplies (Aqua tabs and Chlorine powder) for the ongoing cholera outbreak in Nairobi. The Aqua tabs will serve 6,220 households for 90 days. This translated to 31,100 people reached with point of use water disinfection. 9 drums of chlorine, 45kg each were provided for treating water and disinfection

Mozambique

- Ensuring water supply, sanitation and social mobilization in Sofala and Cabo Delgado provinces

Response in Sofala

- Ongoing disease surveillance and case investigation
- Ongoing social mobilization

Response in Cabo Delgado

- Ongoing disease surveillance and case investigation
- UNICEF and WHO supported the Ministry of Health to setup 3 cholera treatment centers in Pemba, Mecufi, and Metuge districts
- Oral Cholera Vaccination Campaign (OCV) was launched in Pemba on 16 May 2019
- UNICEF supported the distribution of 30,000 water purification solution

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 continued to support the CTC at Banadir Hospital by supporting the training of 3 staff members and providing 3 ORS kits, 1 Diarrhoeal Disease Kit and 4 HC kits to the facility in April 2019

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

Challenges: Mozambique

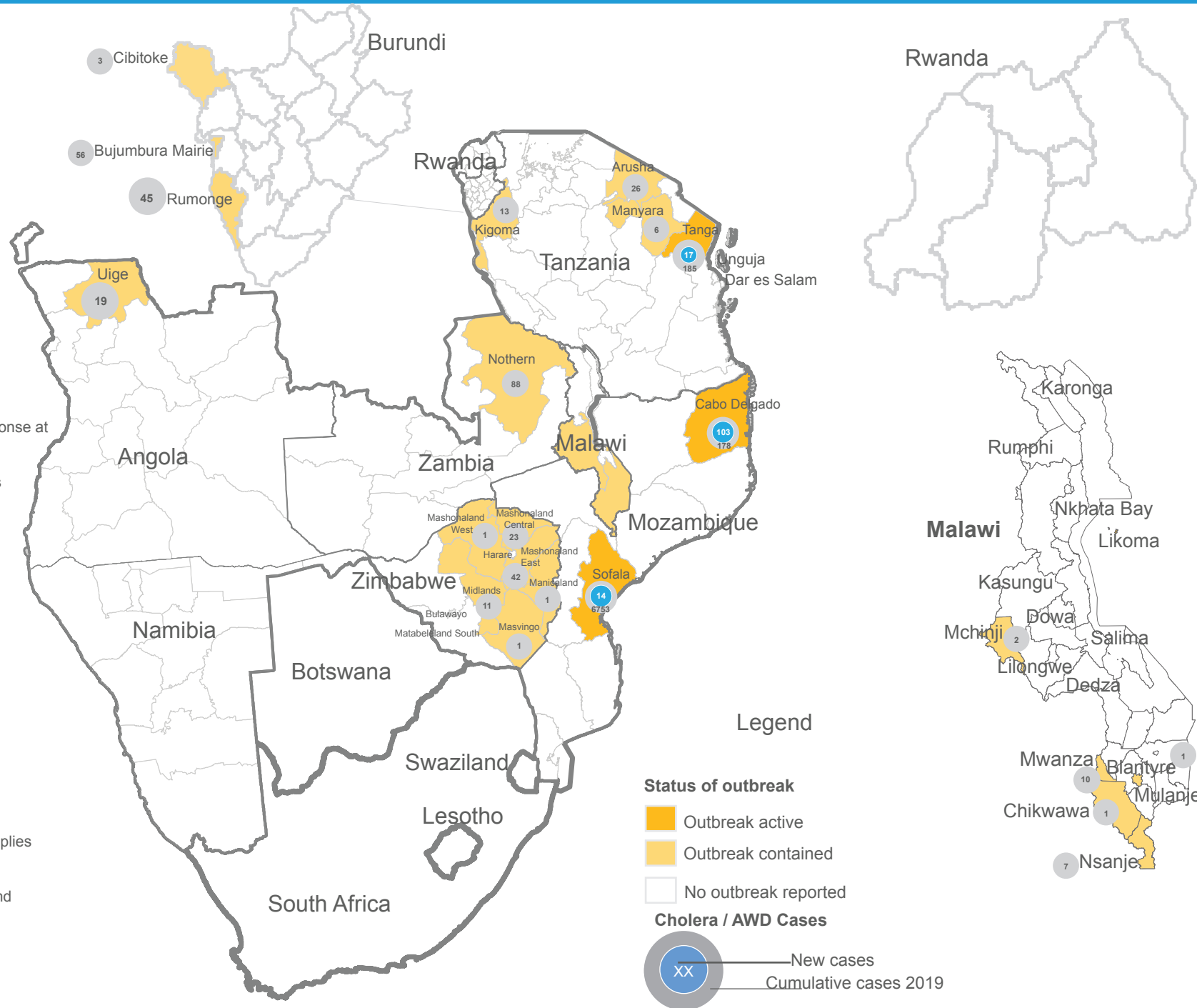
- Inadequate water supply, treatment and sanitation in affected areas
- Most health facilities were destroyed as a result of the cyclone, and are currently being rehabilitated to meet minimal package of services

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

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



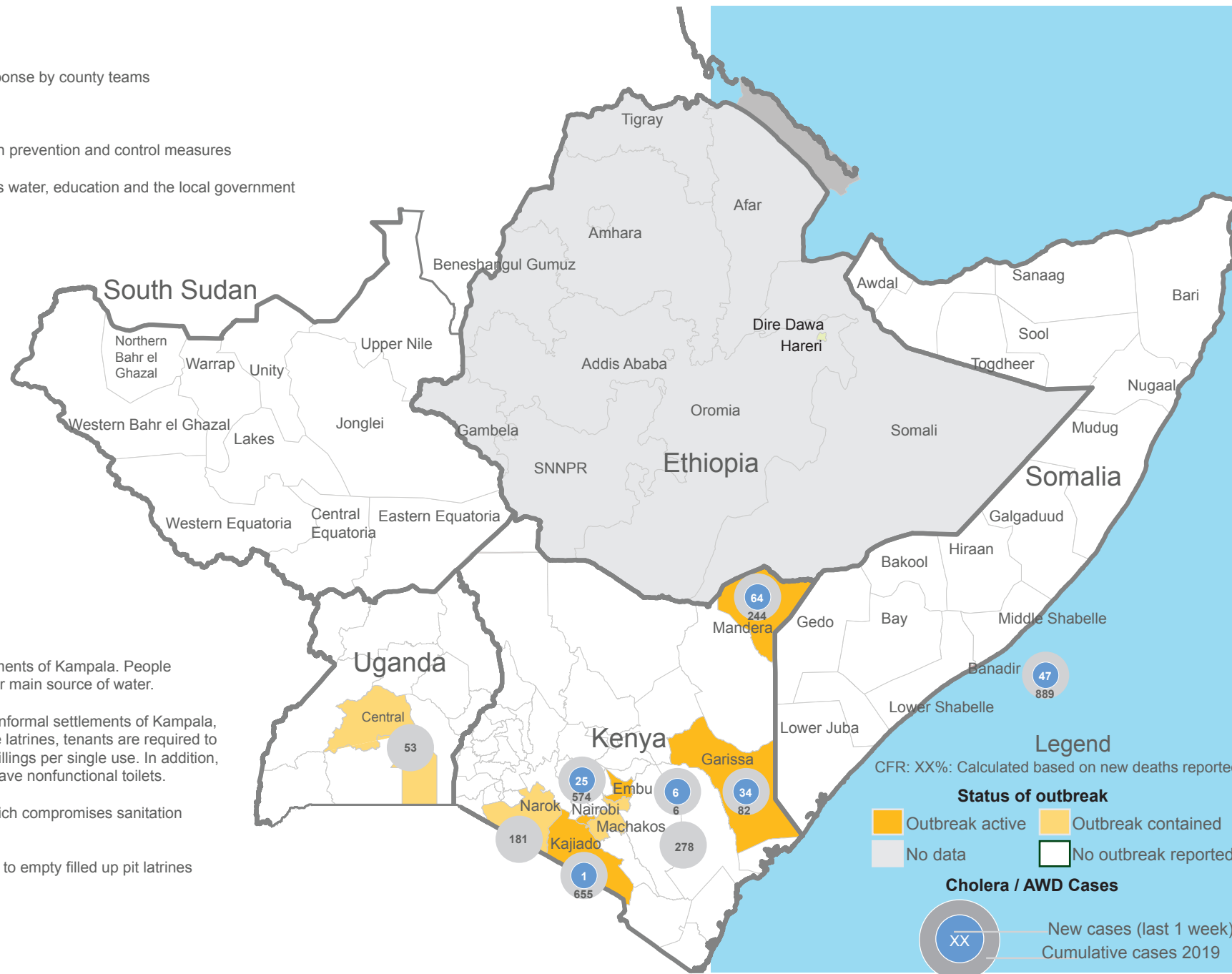
Annex 2: Distribution of Cholera and AWD Outbreaks in the Horn of Africa and Challenges in Response - as from 1 of January 2019

Kenya: Challenges

- Limited resources for surveillance and rapid response by county teams
- Limited resources for community engagement
- Poor case management and inadequate infection prevention and control measures
- Inadequate engagement of other sectors such as water, education and the local government
- Weak enforcement of public health laws

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 17		Week 18		Week 19		2019 Cumulative			2018 Cumulative			2017 Cumulative			Cumulative since the beginning of the outbreak			Beginni ng of Outbrea ks	Status of the outbreak
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)		
Mozambique	122	0	96	0	117	0	6931	8	0.1	863	3	0.3	3,274	5	0.2	6,931	8	0.1	Mar-19	Active
Kenya	272	0	155	0	130	1	2020	12	0.6	5,782	78	1.3	4129	76	1.8	2,020	12	0.6	Jan-19	Active
Somalia	36	0	47	0			889	0	0	6,447	45	0.7	78,596	1118	1.4	889	0	0.0	Jan-19	Active
Tanzania	17	0					233	3	1.4	4,688	84	1.8	4,276	76	1.8	33,554	553	1.6	Aug-15	Active
Burundi	0	0	0	0	0	0	104	1	1.0	102	1	1.0	330	0	0.0	206	2	0.97	Dec-18	Controlled
Zambia	0	0	0	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	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	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	0	0	19	0	0	1262	18	1.4	389	19	4.9	331	3	0.9	Sep-18	Controlled
Malawi	1	0	0	0			21	0	0	785	28	3.6	155	5	0.7	21	0	0.0	Feb-19	Controlled
Rwanda	0	0	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	0.0	17,285	387	2.2					
Namibia																				
Madagascar																				
Comoros																				
Swaziland																				
Botswana																				
Eritrea																				
Lesotho																				
South Africa																				
TOTAL							10,437	35	0.3	37,565	443	1.2	109,445	1709	1.6	54,826	654	1.2		

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