

Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa

Regional Update for 2019 - as of 3 June 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 11,434 cholera / AWD cases including 48 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 61.4% (7,015) of the total case load reported this year, followed by Kenya at 22.7% (2,601).

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; Kenya, Mozambique, Tanzania, Zambia and Somalia. During the week under review, Kenya reported the highest number of new cases (284 cases including 3 deaths). Of the countries with active transmission, overall Zambia has recorded the highest Case Fatality Rates (CFR) in 2019 at 3%.

Kenya: An increase in the epidemic trend has been noted in the last two weeks. During week 22 (week ending 2 June 2019), 284 new cases including 3 deaths (CFR, 1.1%) were reported compared to 174 cases reported in week 21 (week ending 26 May 2019). New cases emerged from the following five Counties: Garissa (116), Nairobi (115), Wajir (27) and Mombasa (26). Cumulatively, since January 2019, a total of 2,601 cases including 17 deaths (CFR, 0.7%) have been reported from nine Counties (Narok, Kajiado, Nairobi, Garissa, Mandera, Machakos, Embu, Wajir and Mombasa). 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: The cholera outbreak is on a downward trend following the effective cholera vaccination campaign. During week 21, 39 new cases were reported compared to 45 cases reported in week 20 (week ending 19 May 2019). This raises the total number of cholera cases reported since the declaration of the cholera outbreak on 27 March 2019 to 7,015 including 8 deaths (CFR, 0.1%). These cumulative number includes; 6,766 cases and eight deaths reported from the Cyclone Idai affected districts (Beira, Buzi, Dondo and Nhamatanda) in Sofala Province; and 249 cases reported from Cyclone Kenneth affected districts (Metuge, Mecufi and Pemba city) of Cabo Delgado province. The new outbreak in Cabo Delgado province started on 1 May 2019.

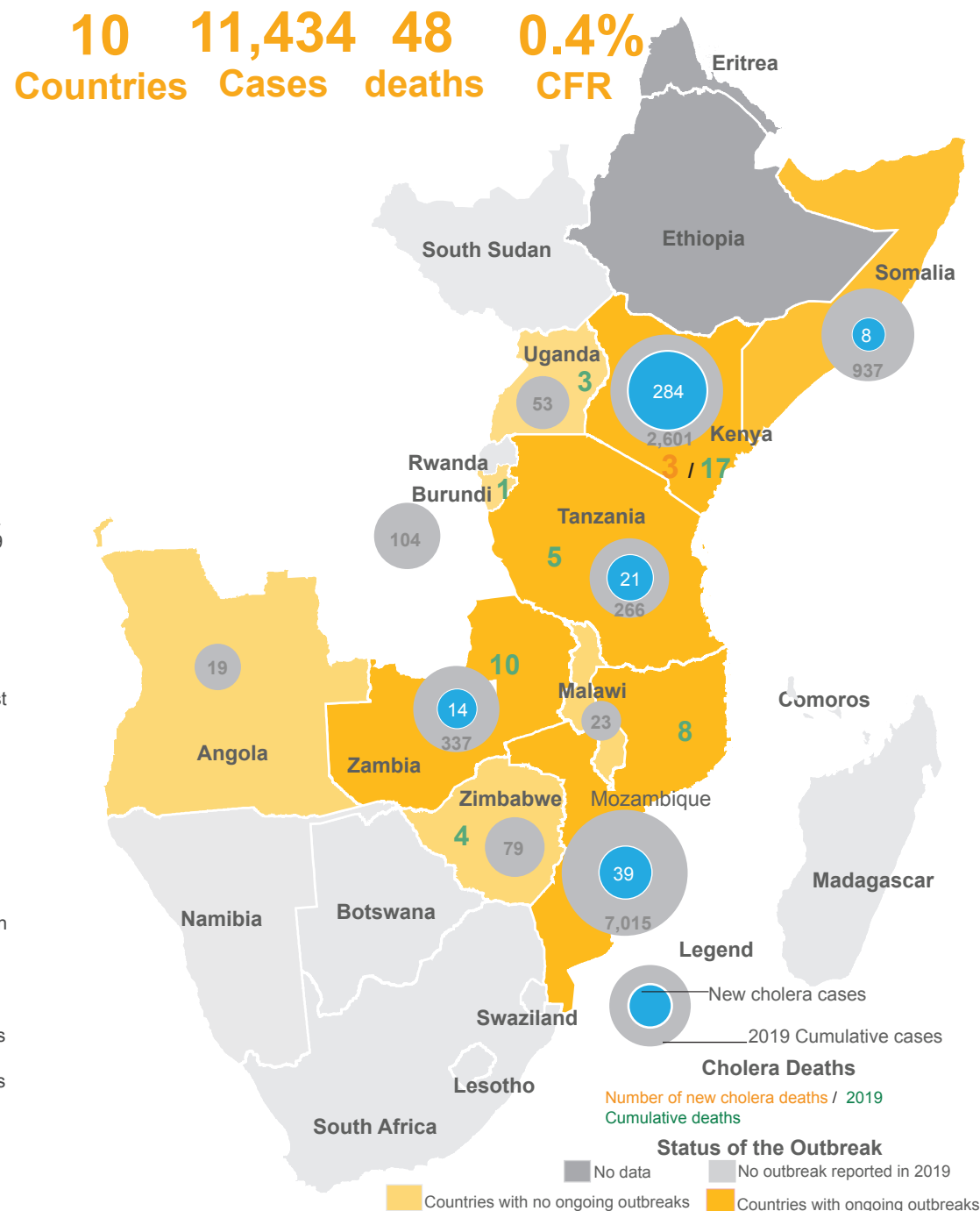
Tanzania: During week 22, 21 new cases including 1 death (CFR, 4.8%) were reported from Dar es Salaam. Cumulatively a total of 33,587 cases including 555 deaths have been reported in the United Republic of Tanzania since August 2015.

Zambia: A decline in the epidemic trend has been noted in the last two weeks. During week 21, 14 new cases were reported compared to 106 cases including 1 death (CFR, 0.9%) reported in week 20. All new cases emerged from Northern province. Cumulatively a total of 337 cases including 10 deaths have been reported since the beginning of 2019.

Somalia: A decline in the epidemic trend has been noted in the last two weeks. During week 19 (week ending 12 May 2019), 8 new cases were reported from Banadir region compared to 47 cases reported in week 18 (week ending 5 May 2019). Cumulatively a total of 937 cases with no deaths have been reported since the beginning of 2019. Children under five years bear the brunt of the cholera outbreak, representing 81% of the total case load reported in week 19. During the week under review (week 19), the most affected districts in Banadir were Daynile, Hodan and Madina.

Urban - Rural Disaggregation of Cholera Cases

Overall, more cholera cases emerge from urban areas (76.6%; 7,704) as compared to rural areas (23.4%; 2,352). 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 (7,704), Mozambique accounts for the majority (87.3%; 6,729), followed by Kenya (10.4%; 803), Tanzania (1.3%; 99), Uganda (0.7%; 53), Angola (0.2%; 19), 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 (69.6%; 2,066) as compared to urban areas (30.4%; 903).



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

a) Disease surveillance

- EWARS has been established and with daily reporting with support of WHO

b) Case Management

- 3 CTCs were established in the following areas: In Pemba, a CTC with 45-bed capacity was established at Eduardo Mondlane Health Center; In Mecufi district a 16-bed capacity CTC was established; and in Metuge district a 20-bed capacity CTC was established
- AWD kits were provided by UNICEF

c) WASH

- 10,000 bottles of water purification solution CERTEZA were distributed at household level in most affected neighbourhoods

d) Social mobilization

- Community volunteers were trained to conduct social mobilization
- Behavior change through radio debates was conducted
- Multimedia mobile units were organized and disseminated information on cholera prevention and OCV

e) OCV

- OCV campaign was implemented from 16th to 21st May in Pemba, Mecufi and Metuge districts. A total of 253,851 people were immunized with an overall coverage of 91.8%. This includes 174,875 people (90.2% coverage) immunized in Pemba district, 29,668 people (92.7%) immunized in Metuge district and 47,905 people (97.2%) immunized in Mecufi district

Country Priorities and Response Interventions

Country Priorities

Response Interventions

Malawi

- Building the capacity of local District Health Officers on surveillance
- Prepositioning of supplies for cholera response
- More health supplies for regular programing are needed to be provided to flood affected districts, as they have depleted their stocks while responding to emergency mobile clinics
- OCV Campaign for targeted districts affected by the cholera outbreak

- Currently, the focus of mobile teams has shifted to host communities and hard to reach places where people are returning from IDP camps. All interventions will go on until end of June 2019, when the mobile teams will be phased out

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

- 355 wards were visited in Tanga region and each provided with Chlorine tabs for water treatment. Environmental inspection was conducted together with close follow-up on new cases and contact tracing
- Ongoing social mobilization on cholera prevention and control in Tanga city through Radio and Television
- Ongoing water sampling, laboratory testing and disinfection of water wells used by the community from the affected areas

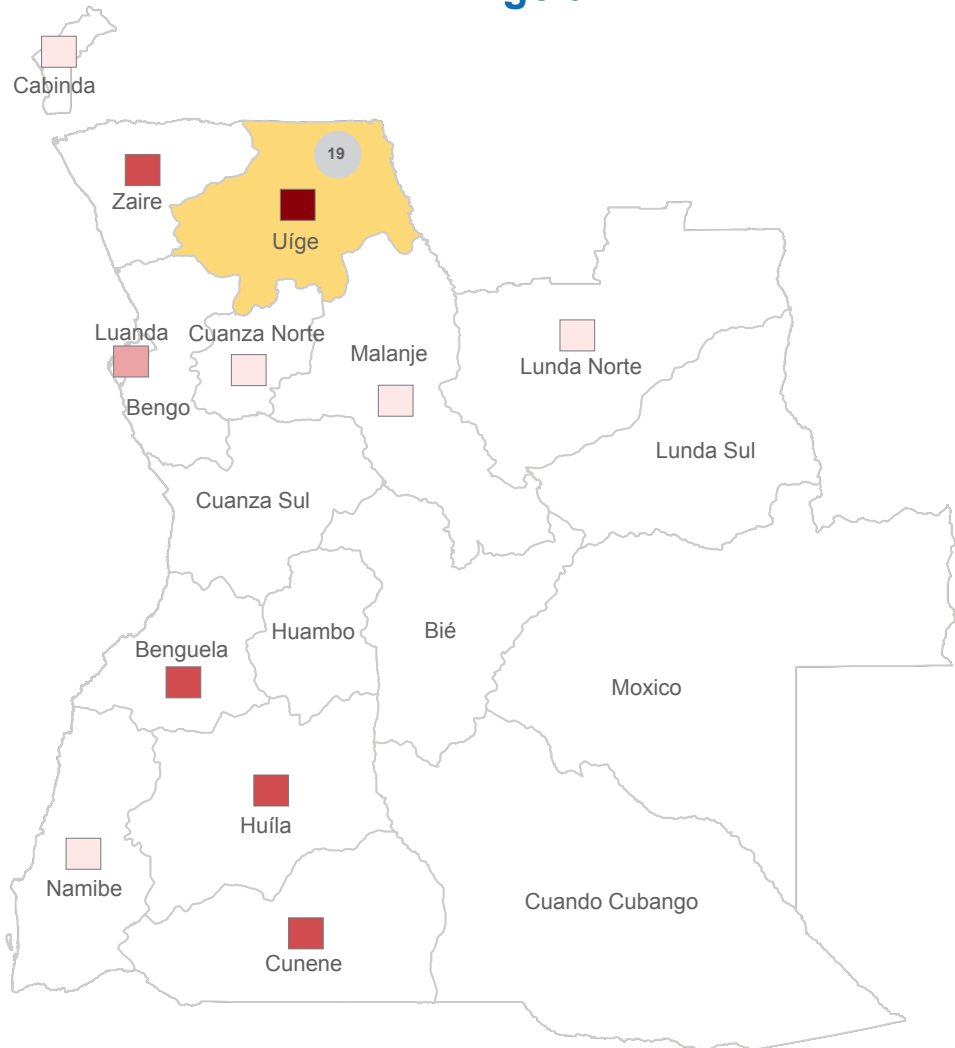
Somalia

- 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 is supporting the construction of a new CTC within Banadir hospital

Annex 1a: An Overlay of Cholera Cases and Hotspots (Angola & Zambia)

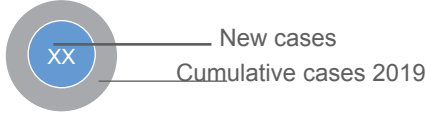
Angola



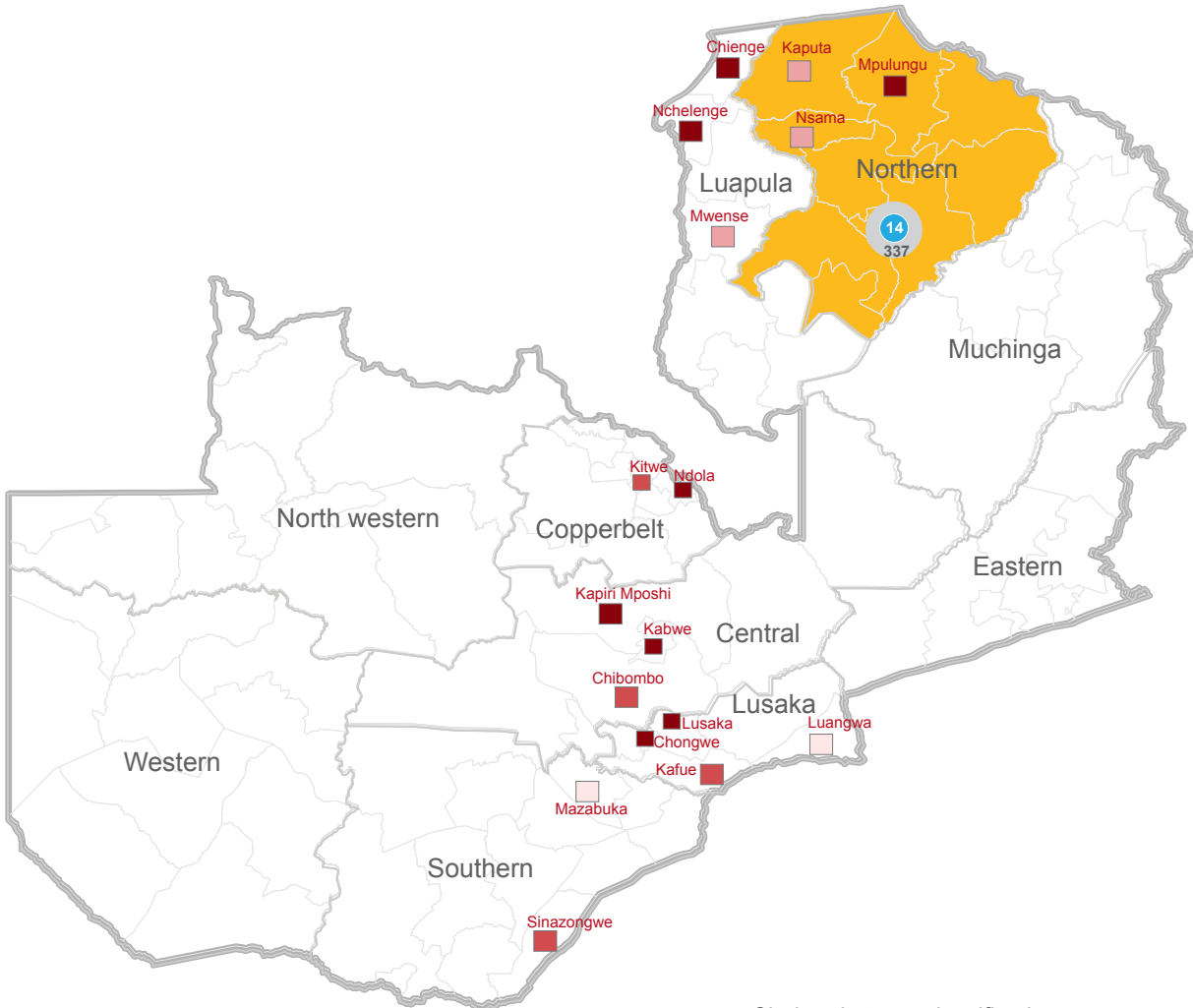
Status of cholera outbreak

- Outbreak active
- Outbreak contained
- No outbreak reported

Cholera / AWD Cases



Zambia



Cholera hotspot classification

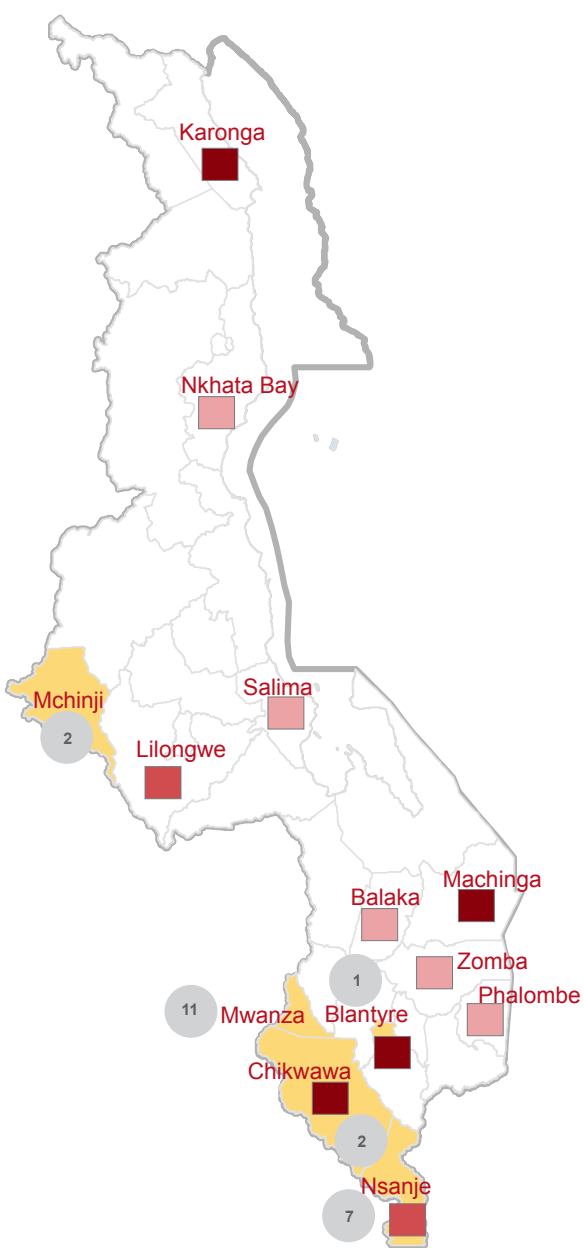
- Type 1 (High freq. & long duration)
- Type 2 (Medium freq. & long duration)
- Type 3 (High freq. & short duration)
- Type 4 (Medium freq. & short duration)

XX: Admin 1 Level (Province)

XX: Admin 2 Level (District)

Annex 1b: An Overlay of Cholera Cases and Hotspots (Zimbabwe and Malawi)

Malawi



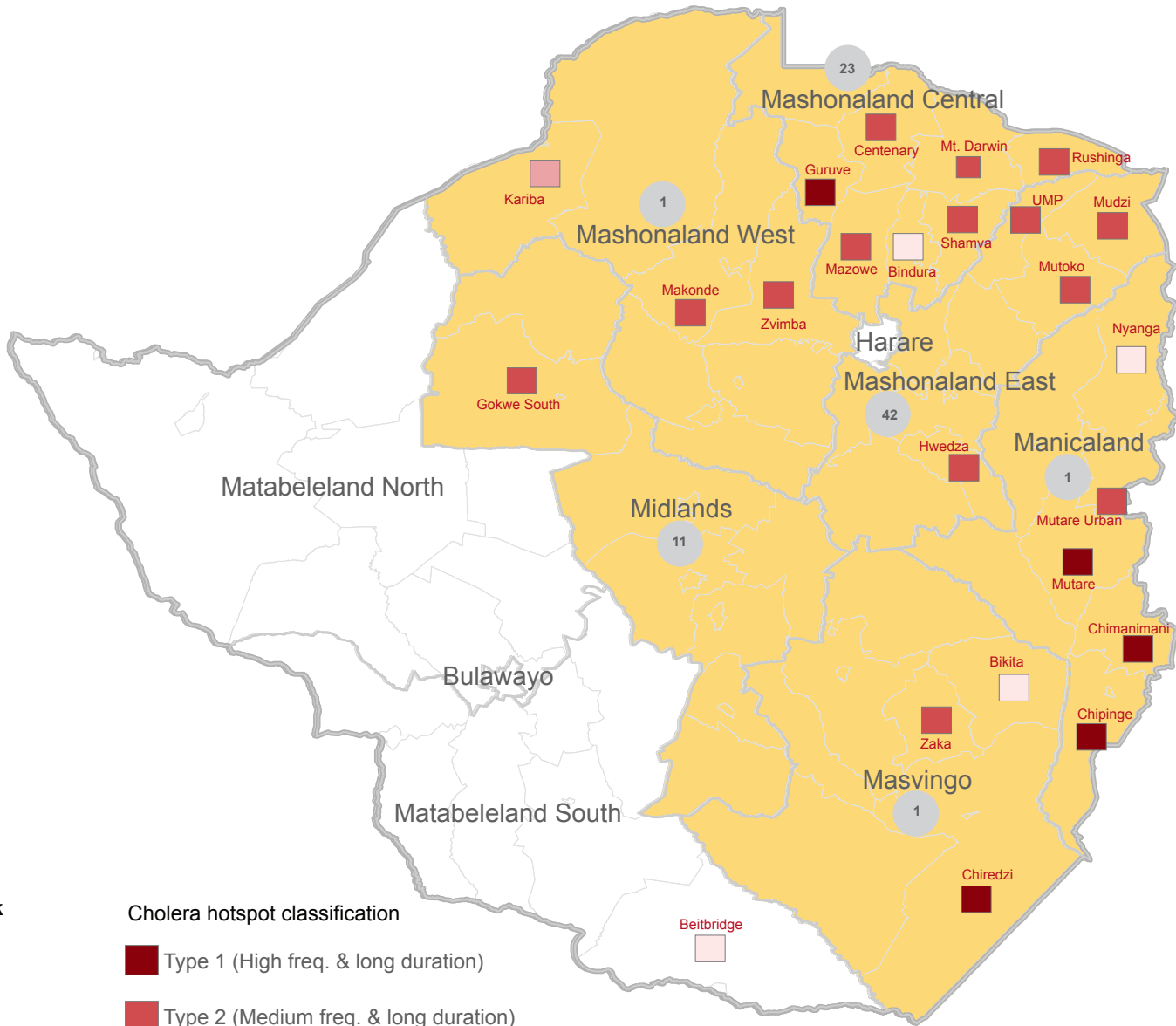
Status of cholera outbreak

- Outbreak active
- Outbreak contained
- No outbreak reported

Cholera / AWD Cases

XX: New cases
XX: Cumulative cases 2019

Zimbabwe



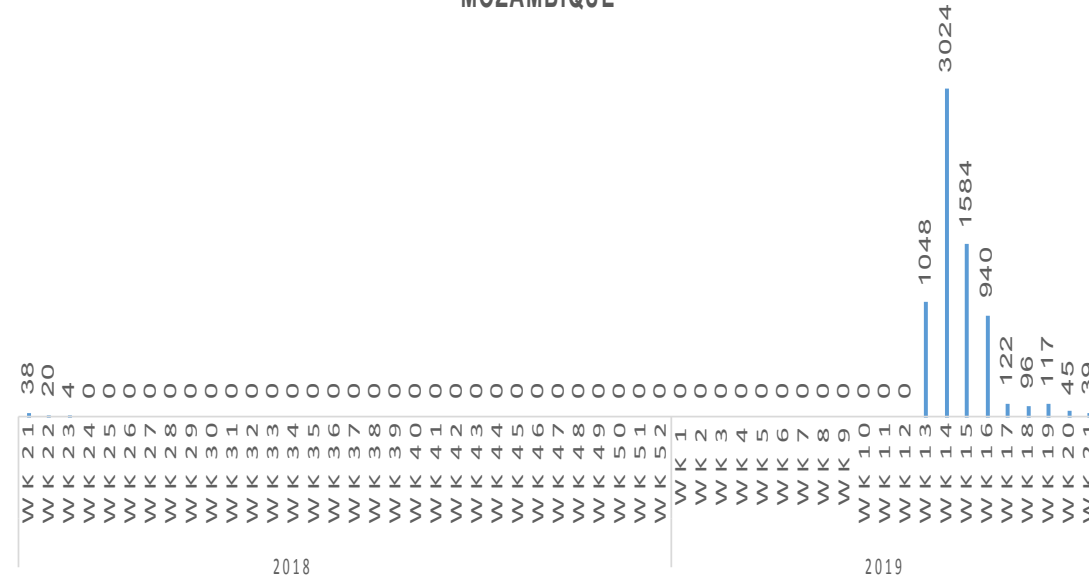
Cholera hotspot classification

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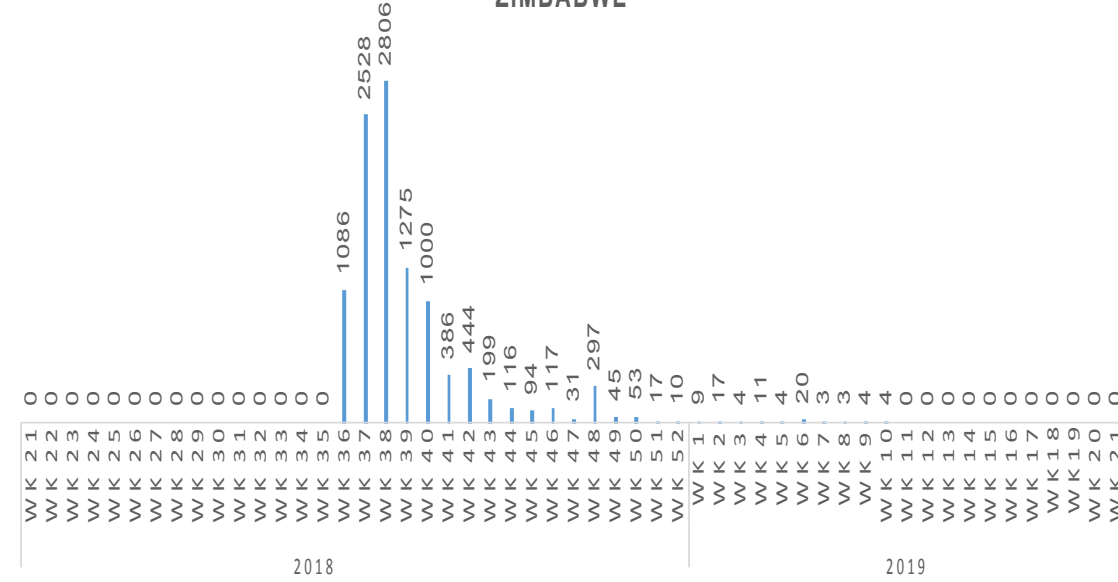
XX: Admin 1 Level (Province)
XX: Admin 2 Level (District)

Annex 2a: Epi Curves for Countries with Reported Cholera Outbreaks in 2019

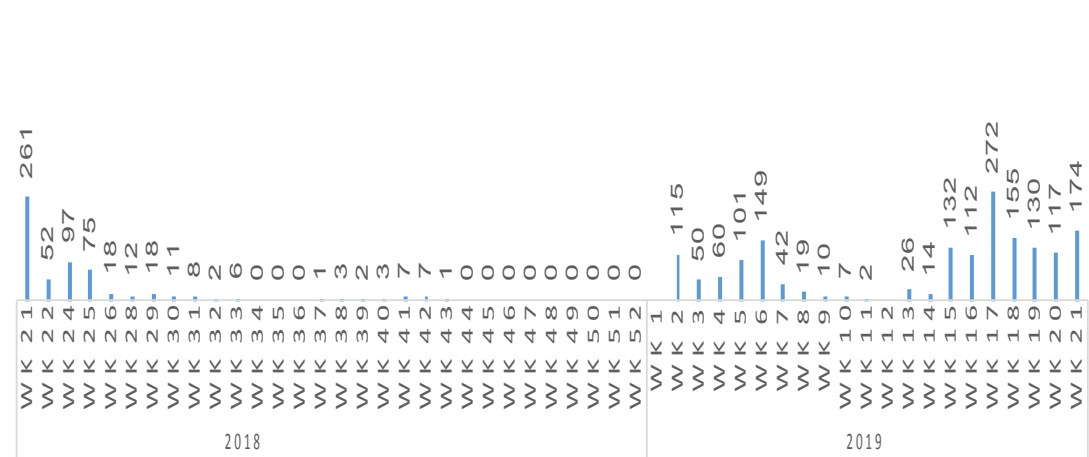
MOZAMBIQUE



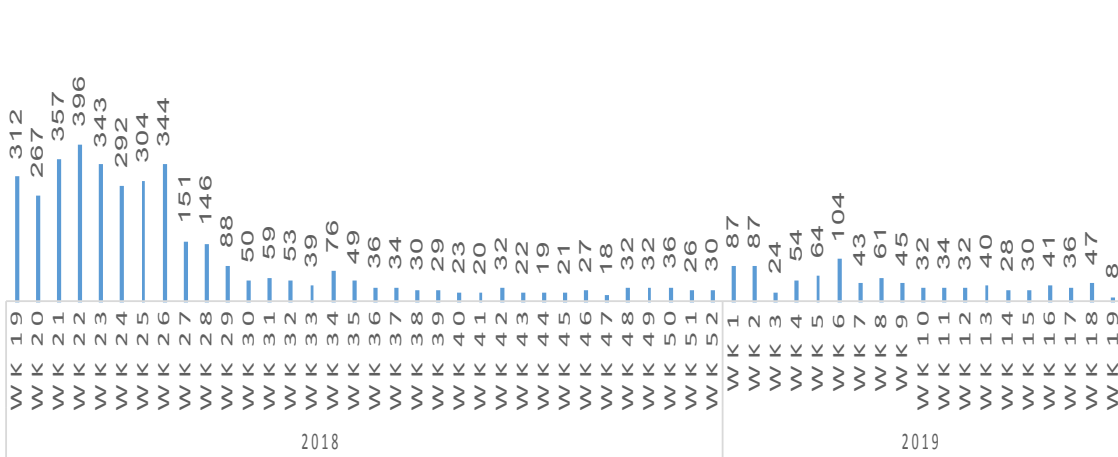
ZIMBABWE



KENYA

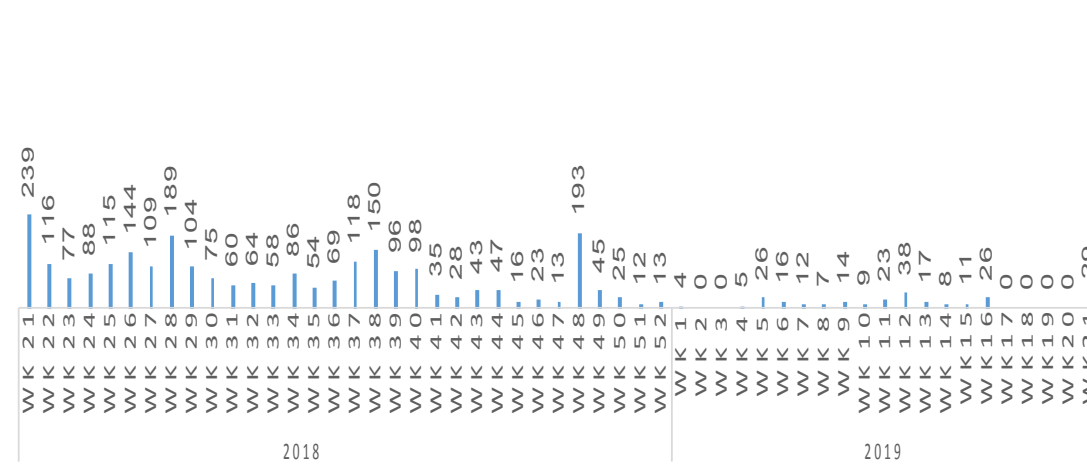


SOMALIA



Annex 2b: Epi Curves for Countries with Reported Cholera Outbreaks in 2019

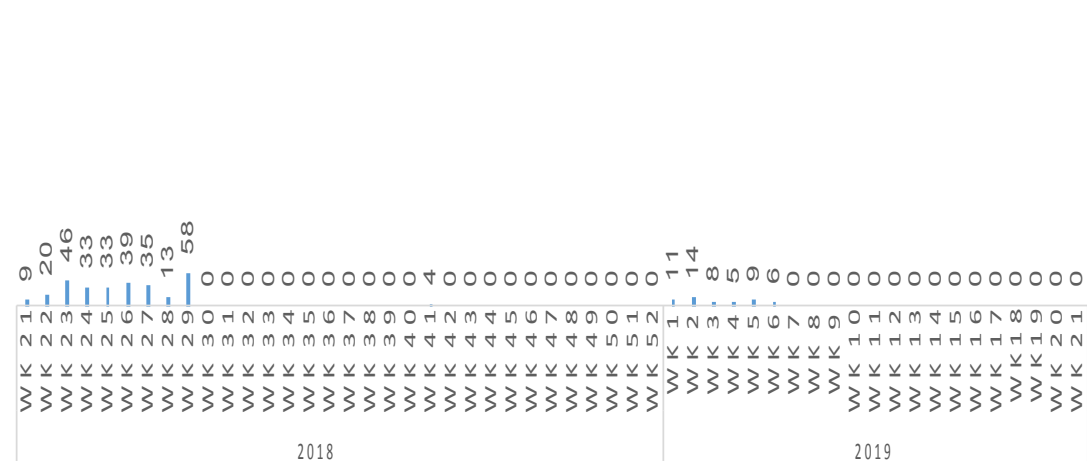
TANZANIA



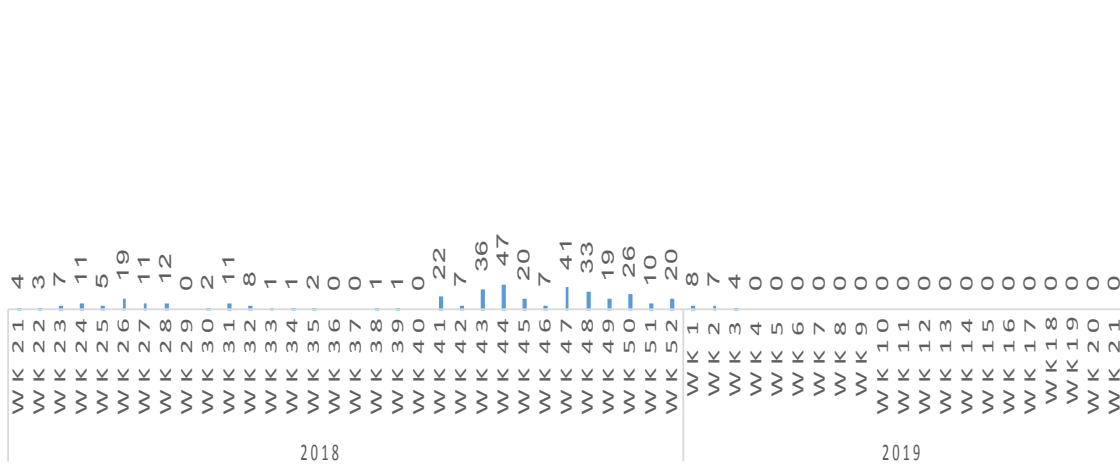
ZAMBIA



UGANDA



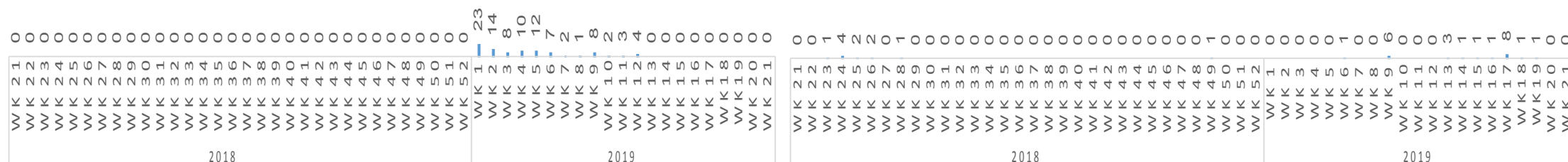
ANGOLA



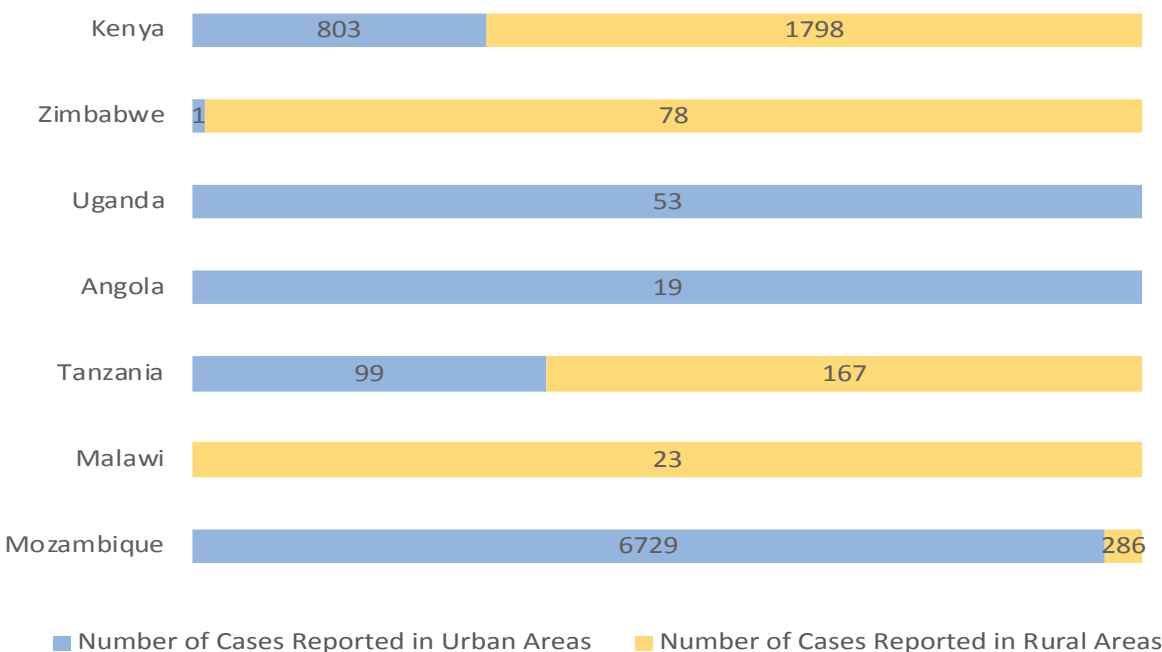
Annex 2C: Epi Curves for Countries with Reported Cholera Outbreaks in 2019

BURUNDI

MALAWI



Urban - Rural Distribution of Cholera Cases



Overall, more cholera cases emerge from urban areas (76.6%; 7,704) as compared to rural areas (23.4%; 2,352). 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 (7,704), Mozambique accounts for the majority (87.3%; 6,729), followed by Kenya (10.4%; 803), Tanzania (1.3%; 99), Uganda (0.7%; 53), Angola (0.2%; 19), 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 (69.6%; 2,066) as compared to urban areas (30.4%; 903).

These high number of cholera cases in urban areas highlights the importance and urgency to be better prepared for cholera response in cities and urban centres. Within the framework of the WASH cholera 5-tiered strategy developed by MSF and endorsed by the GTFCC WASH WG, the role of the Rapid Response Team (RRT) is critical in delivering a targeted and rapid response to cholera alerts. It consists in #1: a complete WASH package of immediate interventions at the household of the suspected case or infected person, ideally the same day of the case admission at a CTC; #2: a complete WASH package of interventions for the neighborhood around the suspected or actual cholera case, in line with the "ring strategy" of the 5-tiered approach.

A presentation by the GTFCC WASH WG on the 28th of May also highlighted the efficiency and effectiveness of the RRT in urban settings of Port-au-Prince (Haiti), Harare (Zimbabwe) and more recently in Beira (Mozambique)- specifically the Case-Area Targeted Interventions (CATI approach) implemented by the RRT. A link to the presentation is available here: <http://plateformecholera.info/attachments/article/857/RRT%20Webinar%20WCARO-ESARO-EN.ppt>

The RRT approach is also very well illustrated and explained in the following video produced by UNICEF Haiti: https://www.youtube.com/watch?v=8nVoCS21l_U

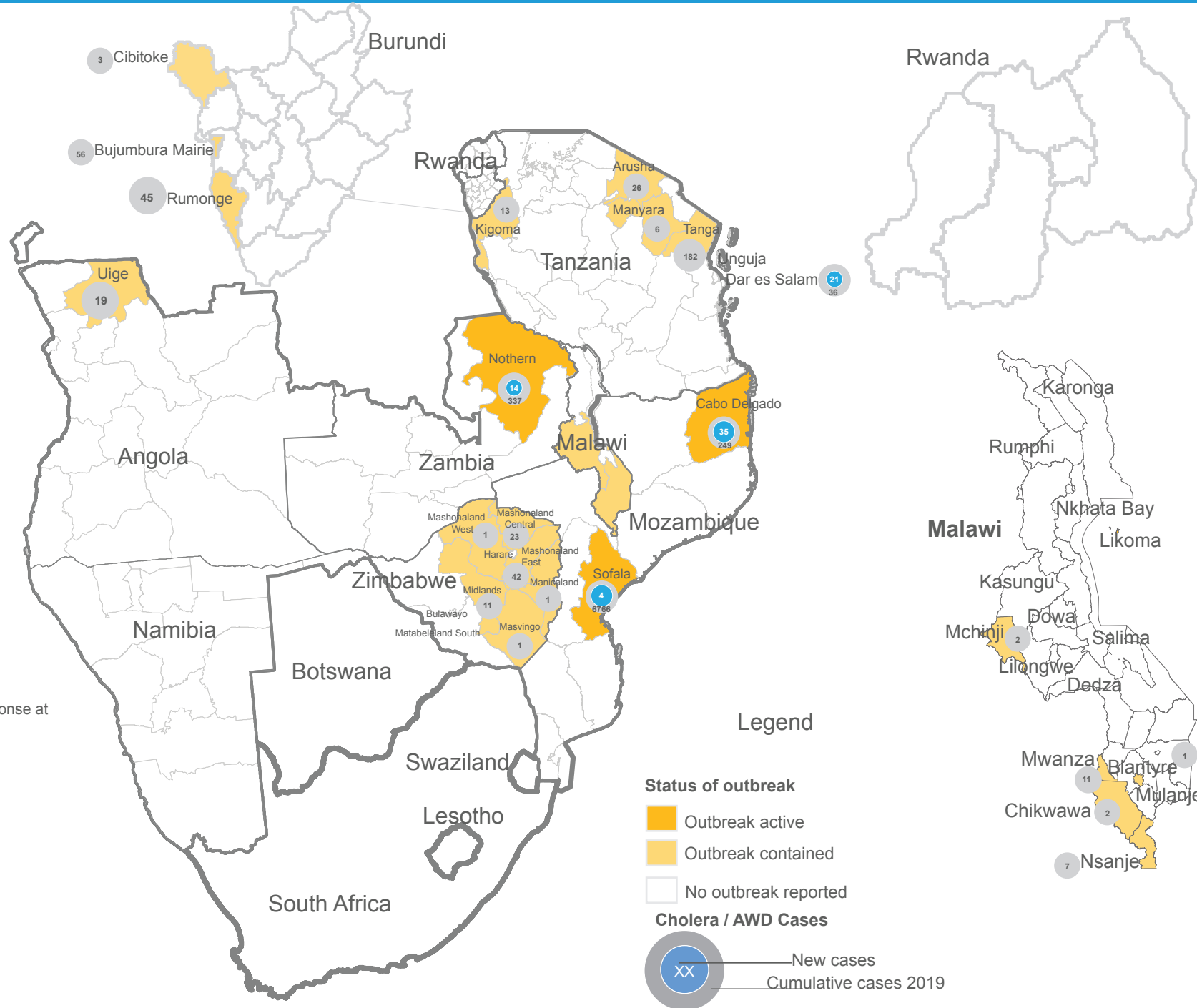
Annex 3: Distribution of Cholera / AWD outbreaks in Southern Africa and Challenges in Response - as from 1 of January 2019

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)
- Cultural practices/rituals that promote the transmission of cholera



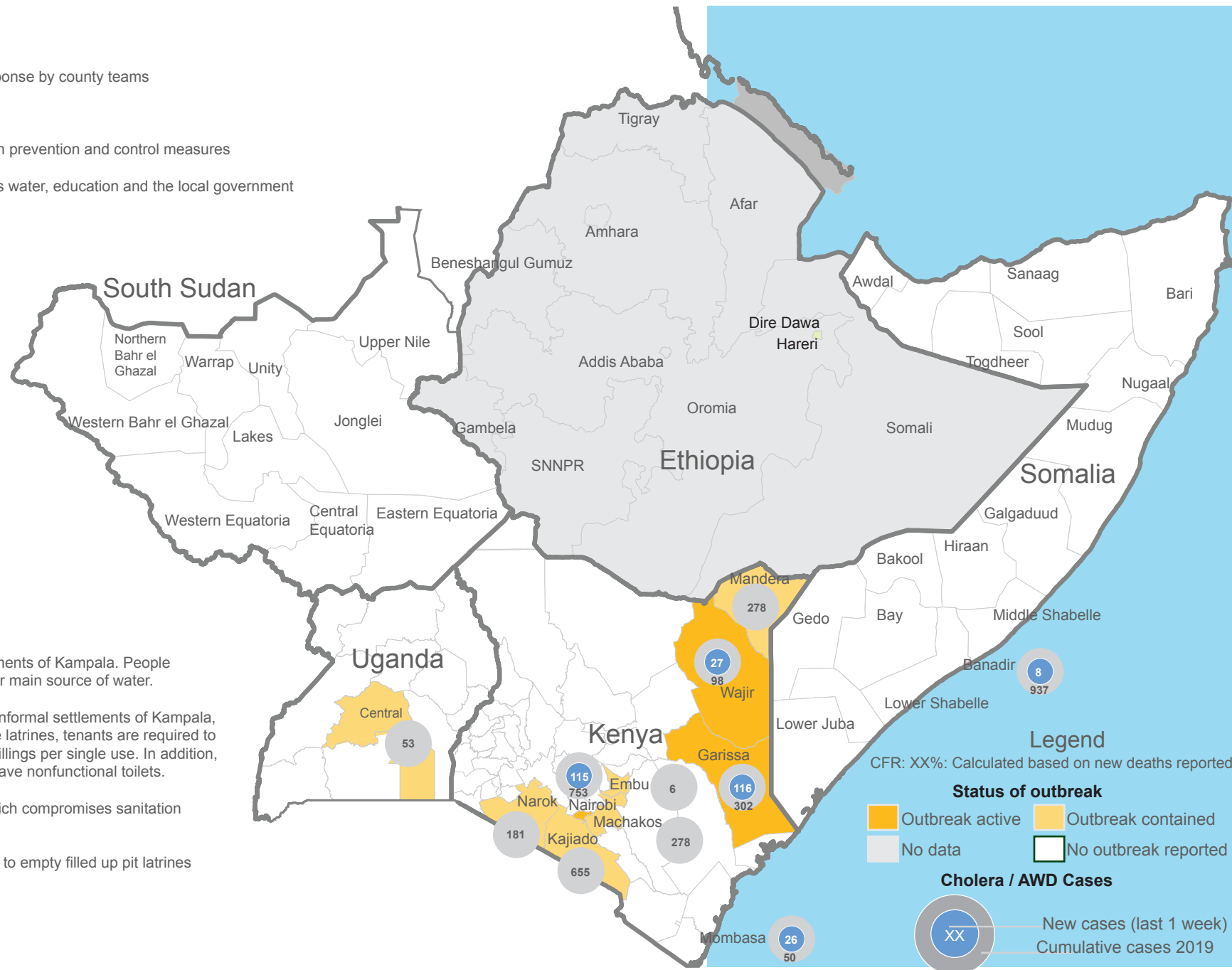
Annex 4: Distribution of Cholera and AWD Outbreaks in the Horn of Africa and Challenges in Response - as from 1 of January 2019

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

Country	Week 20		Week 21		Week 22		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	45	0	39	0			7015	8	0.1%	863	3	0.3	3,274	5	0.2	7,015	8	0.1	Mar-19	Active
Kenya	117	1	174	0	284	3	2601	17	0.7	5,782	78	1.3	4129	76	1.8	2,601	17	0.7	Jan-19	Active
Somalia							937	0	0	6,447	45	0.7	78,596	1118	1.4	937	0	0.0	Jan-19	Active
Zambia	106	1	14	0			337	10	3.0	4,127	55	1.3	747	18	2.4	337	10	3.0	Mar-19	Active
Tanzania	0	0	29	1	21	0	266	5	1.9	4,688	84	1.8	4,276	76	1.8	33,587	555	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
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	1	0	0	0			23	0	0	0	0	0.0	0	0	0.0	23	0	0.0	Feb-19	Controlled
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							11,434	48	0.4	37,565	443	1.2	109,445	1709	1.6	55,823	667	1.2		

For further information Contact:

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