

Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa

Regional Update for 2018 - as of 10 December 2018



Highlights

10 out of the 21 countries in Eastern and Southern Africa Region (ESAR) have reported more than 36,820 cholera / AWD cases and 433 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 28.6 % (10,529) of the total case load reported this year, followed by Somalia at 17% (6,273).

Out of the 10 countries with reported cholera/ AWD outbreaks this year in ESAR, 4 (Zimbabwe, Angola, Somalia and Tanzania) have ongoing cholera outbreaks. During the week under review, Tanzania reported the highest number of new cases (193 cases including 1 death). Of the four countries with active transmission, Tanzania has recorded the highest CFR (at 1.8%) in 2018.

Tanzania: During week 48 (week ending 2 December 2018), 193 new cases including 1 death (CFR 0.5%) were reported. This includes 186 cases including 1 death detected in Songwe district and 7 new cases from Momba district. Cumulatively a total of 33,224 cases including 550 deaths have been reported in Tanzania mainland, as from August 2015. Of these, a total of 4,593 (13.8%) cases and 84 (15.3%) deaths have been reported since the beginning of 2018.

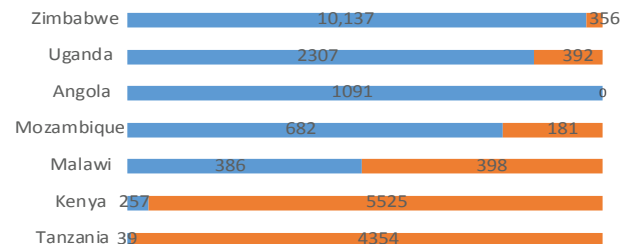
Zimbabwe: An increase in the epidemic trend has been noted in the last two weeks. During week 48, 144 new cases including 3 deaths (CFR, 2.1%) were reported compared to 31 cases reported in week 47 (week ending 25 November 2018). These new cases emerged from Harare (50) and Mt. Darwin district in Mashonaland Central (94 including 3 deaths). Cumulatively, a total of 10,529 cases including 64 deaths have been reported in 2018. Majority of these cases (98.3%, 10,352) and deaths (90.6%, 58) have been reported since the beginning of the new wave of the outbreak on 5 September 2018.

Somalia : During week 46 (week ending 18 November 2018), 27 new cases including 1 death (CFR, 3.7%) were reported from Banadir Region compared to 21 cases reported in week 45 (week ending 11 November 2018). Cumulatively a total of 6,678 cases including 45 deaths have been reported, as from December 2017. Of these, a total of 6,273 (93.9%) cases and 44 (97.8%) deaths have been reported since the beginning of 2018.

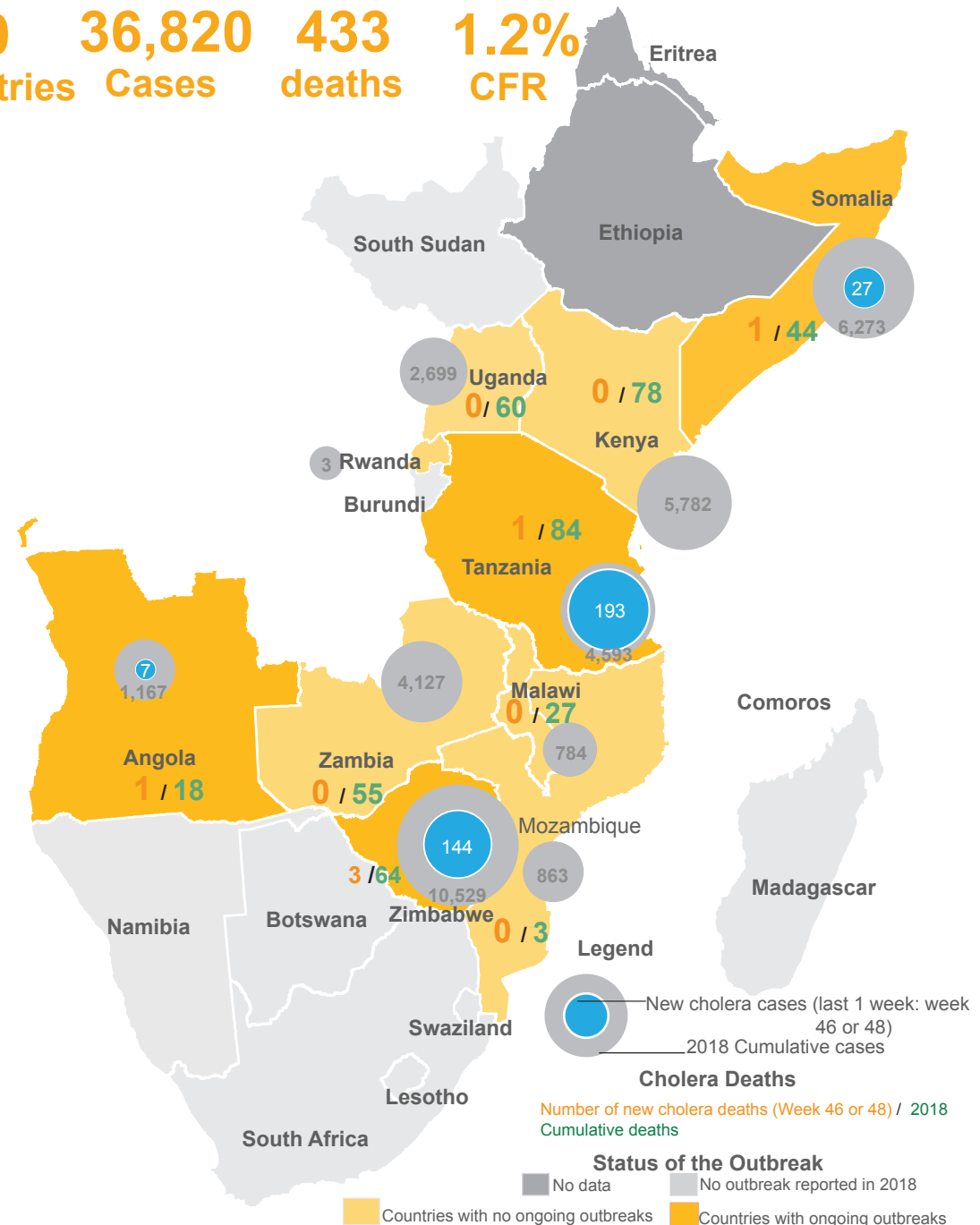
Angola: The latest wave of cholera outbreak which started during week 38 (week ending 23 September 2018) in Uige, has recorded a total of 210 cases including 3 deaths (CFR 1.4%) as of epidemiological week 48. Since the beginning of 2018, 1,167 cases including 18 deaths (CFR 1.5%) have been reported.

Urban - Rural Disaggregation of Cholera Cases (As from 1 January 2018)

More cholera cases emerge from urban areas as compared to rural areas. An analysis of cholera cases reported in 2018 from seven countries (Angola, Kenya, Mozambique, Malawi, Tanzania, Uganda and Zimbabwe) reveals that overall, urban areas account for 57.1% (14,899 cases) of the total caseload while rural areas account for 42.9% (11,206 cases). Zimbabwe accounts for the highest number of cases (68%, 10,137) reported in urban areas, followed by Uganda (15.5%, 2307). However it's a contrasting scenario for Kenya, Malawi and Tanzania, reporting higher cases in rural than urban areas, with Kenya reporting the highest number of cases (5525, 49.3%) in rural areas.



10 Countries **36,820 Cases** **433 deaths** **1.2% CFR**



Sources: Ministries of Health and WHO

Country Priorities and Response Interventions

Country Priorities

- Hold an Emergency Strategic Advisory Group (ESAG) meeting and develop a quick response plan and strategy for Mt Darwin
 - Intensify health and hygiene education
- Zimbabwe**
- Provide hygiene kits to affected areas
 - Provision of safe water through promotion of point of use water treatment methods
 - Pre-position WASH hygiene kits in high risk provinces

- Angola**
- Reinforce National, provincial and municipal coordination and information management mechanisms, including better coordination between different sectors of intervention
 - Cholera prevention and mobilization activities at community level in Uige's affected municipalities
 - Training on cholera prevention and mobilization as well as case management for health staff in the affected provinces
 - WASH technical support throughout the country, with a special focus on Uige

- 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
- 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

Mozambique : Current preparedness and prevention interventions include;

Response Interventions

- More than 550,000 people reached with key health and hygiene messages in cholera affected areas through different communication channels, including door to door and media campaigns.
- Cumulatively, 900 Community health Volunteers trained and disseminating health and Hygiene education. A total of 81 community health clubs set up to spearhead hygiene education
- 275,286 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
- WASH Provincial Focal Agencies (PFAs) continue with supporting surveillance and reporting activities on a weekly basis in their respective areas of operation.
- 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 Environmental Health Response Teams (EHRT) activated (6 based in GlenView and 2 based at BRIDH) and supported with 8 vehicles and data clerks. The support will be maintained throughout the rainy season. The EHRT are responsible for delivering a rapid response consisting of a complete hygiene kit to each suspected cholera case and the immediate neighbors within 48 hours of a case reported to the CTC. Overall, the EHRTs were able to respond to 93% of cases that presented to the CTCs within 48 hrs
- 20 bucket chlorination points activated – 10 for Glen View/ Budiriro and 10 in Mbare. Follow up on the collected water indicated free residual chlorine of 0.5mg/L
- Initial WASH Rapid Assessment carried out in Mt Darwin district, revealing the affected population to be a community of 7,000 artisanal miners, accessing water from a river and using open defecation. Initial Response mounted, including setting up of a CTC with a 50 bed capacity, supplying WASH NFIs and protective clothing. An Inter-Agency Coordination Committee on Health meeting held

- UNICEF sent WASH and C4D (WASH-related IEC materials) to Uige province to support the cholera response including: 28,000 posters and flyers, 397 boxes of aquatabs, 1200 20L -buckets with taps, 88 PHR chlorine test.

The following activities were conducted by the Health Provincial Department and integrated team from Central government (Uige):

- Cholera prevention and mobilization activities at markets, churches and schools in Uige's affected municipalities by provincial health promotion staff, community development agents and environmental department staff
- Cholera prevention and mobilization activities with religious and traditional leaders in Uige municipality
- Distribution of aqua tabs in affected neighborhoods
- Broadcasting of radio spots and daily programme on cholera prevention and response in different national languages
- Active search of severe diarrhea cases in the health facilities of the affected neighborhoods of Uige, Epidemiological team's are conducting active case search in neighborhoods recently affected by severe diarrhea cases

- MoHCDGEC, MoWI and PO-RALG met in Dodoma and developed an action plan for improving safe water supply in Ngorongoro which will be shared in the next National Task Force meeting taking place on 16 of November

- The District health team in collaboration with Ngorongoro Conservation Authority (NCA) has continued to provide health education on Cholera prevention and control as well as delivery of water through water trucking during the reporting week

- Social mobilization through community radio was conducted targeting provinces with cholera hotspots

- 2000 copies of cholera treatment manuals and case management algorithms were printed

- Distribution of 190,000 bottles of water purification solution (CERTEZA) in all provinces, to benefit families in need of water treatment (2 bottles for 2 months).

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

Challenges: Zimbabwe

- Lack of WASH services for the 'informal' settlement in Mukaradzi, Mt Darwin district with new cases
- The artisanal miners who are the affected population are highly mobile and this is a risk factor to the spread of cholera
- High levels of insecurity and fear for attacks for humanitarian actors responding to the artisanal miners.
- Municipal Water Supply remains erratic in Harare
- illegal vending of foodstuffs at the shopping centers resurfaced

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

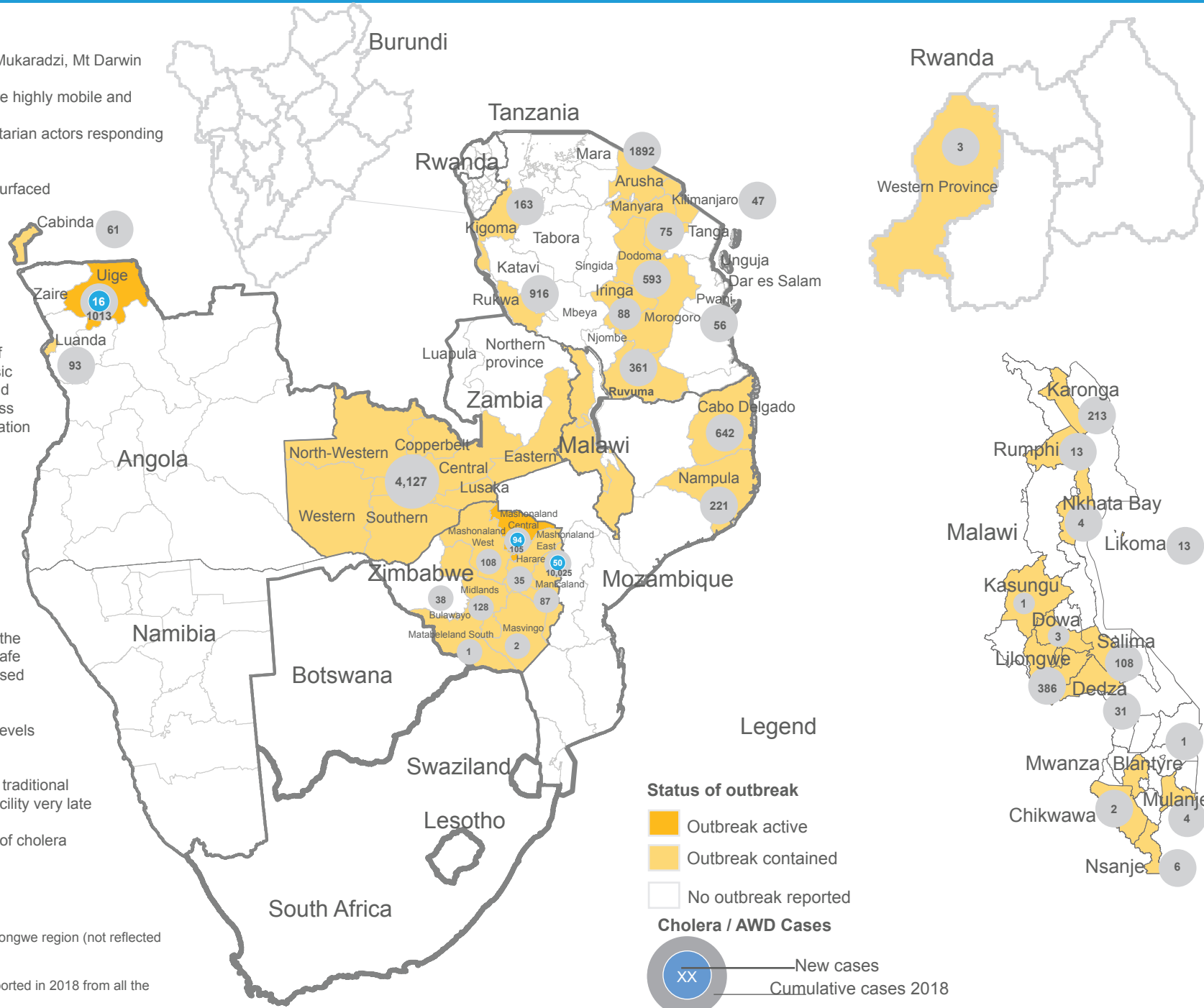
Challenges: Tanzania

- In Ngorongoro, settlements are sparsely located within the conservancy making it difficult to provide services like safe drinking water hence populations use the same water used by their animals/wild animals.
- 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

*Currently Tanzania has an active outbreak emerging from Songwe region (not reflected on the map)

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

Creation date: 10 December 2018



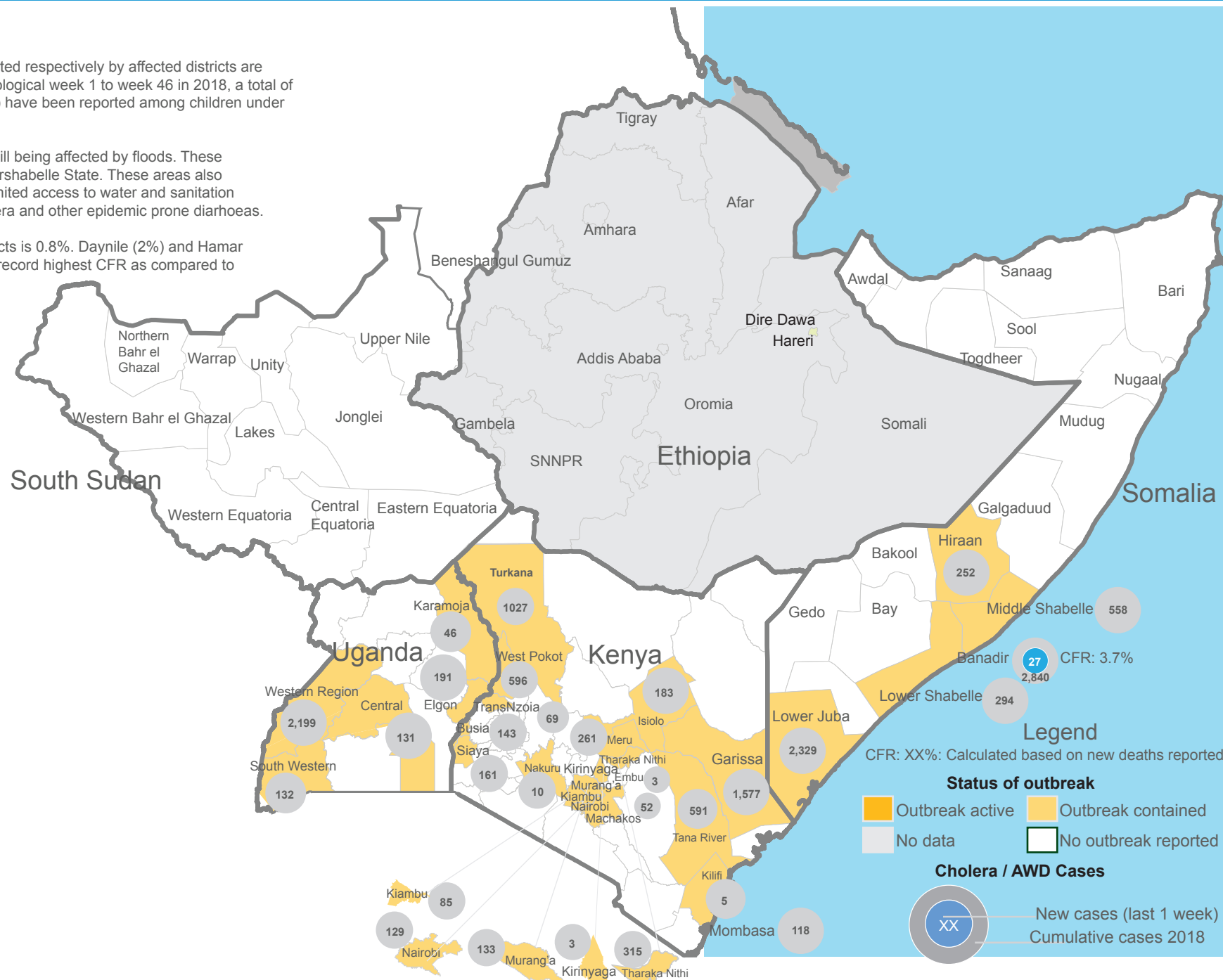
Annex 2: Distribution of Cholera and AWD Outbreaks in the Horn of Africa and Challenges in Response - as from 1 of January 2018

Somalia: Challenges

- 54.4 % and 40.9% of cases and deaths reported respectively by affected districts are children under the age of five. From Epidemiological week 1 to week 46 in 2018, a total of 3,407 cases including 18 deaths (CFR, 0.5%) have been reported among children under the age of five (Source, WHO).

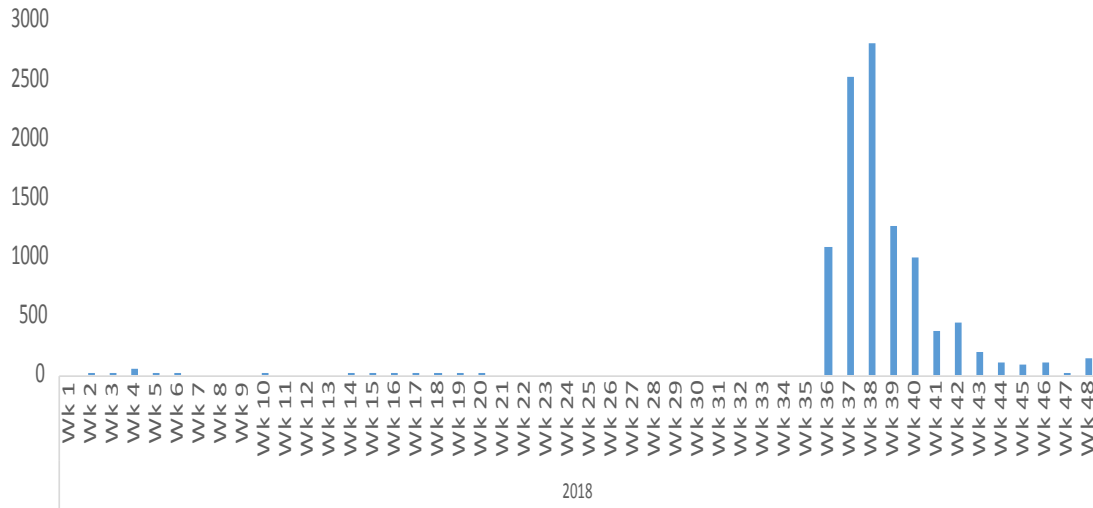
- Cholera endemic areas have been and are still being affected by floods. These areas include; South West, Jubbaland and Hirshabelle State. These areas also have a high concentration of refugees with limited access to water and sanitation making them vulnerable to outbreaks of cholera and other epidemic prone diarrhoeas.

- Overall, case fatality rate for all Banadir districts is 0.8%. Daynile (2%) and Hamar Jaba (0.6%) districts of Banadir continues to record highest CFR as compared to other districts

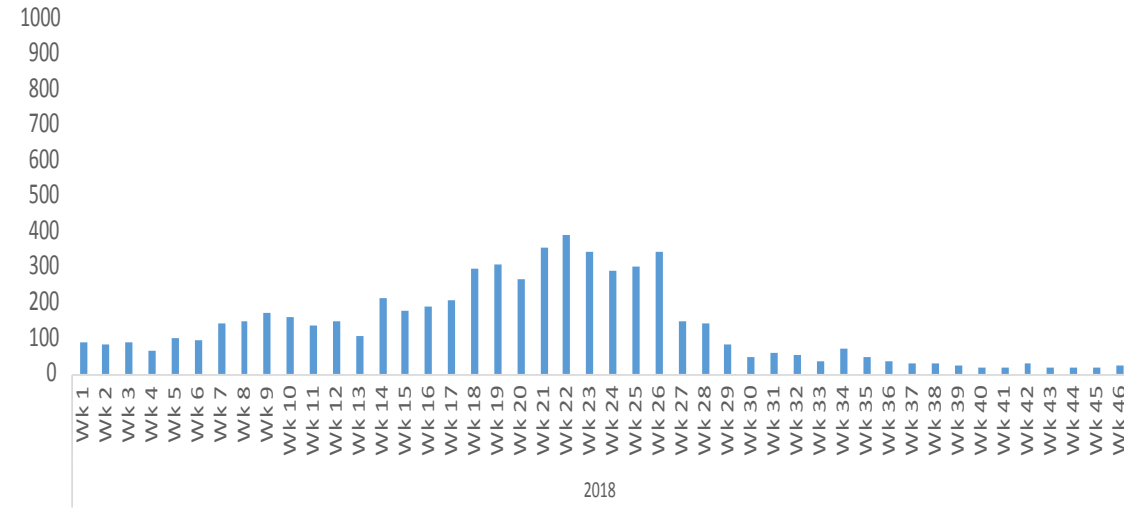


Annex 3: Epi Curves for Countries with Active Cholera Outbreaks Currently

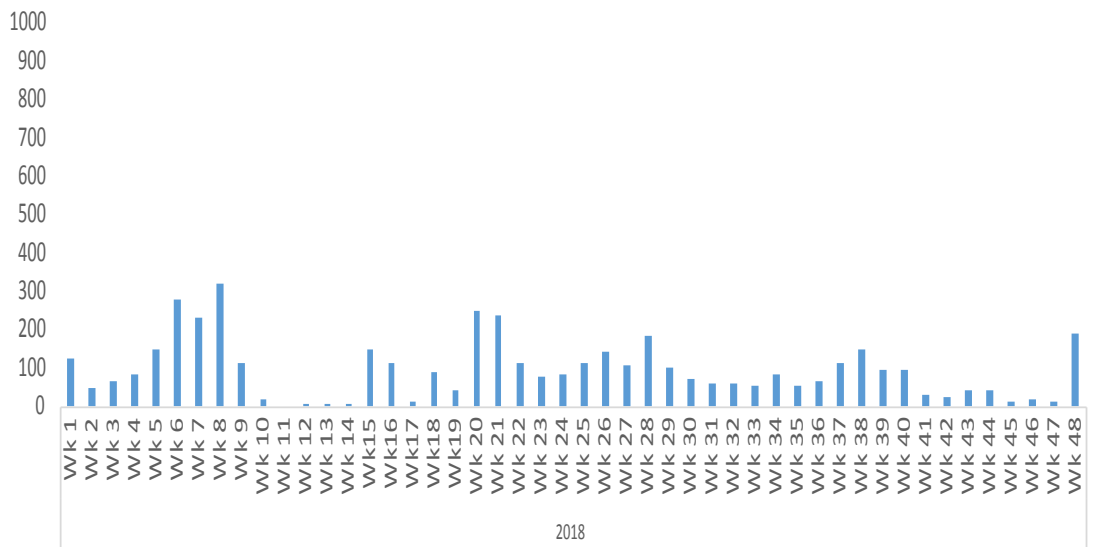
Zimbabwe



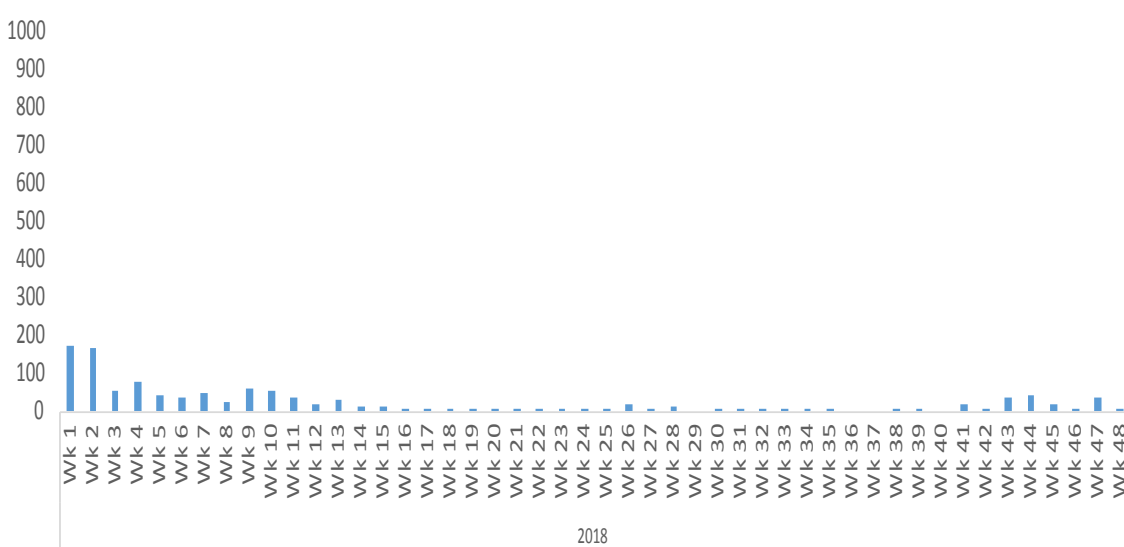
Somalia



Tanzania



Angola



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

Country	Week 44		Week 45		Week 46		Week 47		Week 48		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	116	0	94	0	117	0	31	0	144	3	10,529	64	0.6	10,352	58	0.6	Sep-18	Active
Somalia	19	1	21	0	27	1					6,273	44	0.7	6,678	45	0.7	Dec-17	Active
Kenya	0	0	0	0	0	0	0	0			5,782	78	1.3	26,592	421	1.6	Dec-14	Controlled
Tanzania	47	0	16	0	23	1	13	0	193	1	4,593	84	1.8	33,224	550	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			2,699	60	2.2	4	0	0.0	Oct-18	Controlled
Angola	48	1	20	0	27	0	41	1	7	0	1167	18	1.5	210	3	2	Sep-18	Active
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											36,820	433	1.2	86,372	1,226	1.4		

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