

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

Regional Update for 2019 - as of 18 February 2019



## Highlights

Approximately, 1,409 cholera / AWD cases including 12 deaths have been reported in 7 out of the 21 countries in Eastern and Southern Africa Region (ESAR); 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 59.8 % (843) of the total case load reported this year, followed by Somalia at 22% (316). However, highest Case Fatality Rates (CFR) in 2019 have been recorded in Zimbabwe (6.5%) and Uganda (5.7%).

Of the 7 countries with reported cholera / AWD outbreaks in ESAR since week 1 of 2019, 5 (Kenya, Somalia, Tanzania, Uganda and Zimbabwe) have ongoing cholera outbreaks. During the week under review, Somalia reported the highest number of new cases (64 cases).

**Kenya:** An additional 42 cholera cases including 1 death (CFR, 2.4%) have been reported during epidemiological week 7 (week ending 17 February 2019). This is a decrease in the number of cases compared to the previous week (week 6; week ending 10 February 2019) when 149 cases were reported. Cumulatively, a total of 843 cases with 34 confirmed and 3 deaths (CFR, 0.4%) have been reported since the onset of the latest wave of the cholera outbreak on 2 January 2019. Communities living along the EWASO Nyiro river from Narok and Kajiado counties remain the epicenter of the outbreak, accounting for 85.2% (718 cases and 3 deaths) of total reported cases. Risks of transmission have been amplified by; unfavourable behaviours such as open defecation, inadequate or no sanitation coverage, over reliance on already contaminated EWASO Nyiro river for domestic water supply and lack of alternative water sources.

**Zimbabwe:** The current outbreak is unusual because of its vast geographical spread. Since the beginning of 2019, 6 out of 10 provinces have reported cholera cases including; Mashonaland East (38), Mashonaland Central (15), Masvingo (5), Midlands (2), Manicaland (1), and Matabeleland South (1). During week 7, 3 new cases were reported compared to 20 cases reported in week 6. These new cases emerged from Murehwa district in Mashonaland East province. Cumulatively, a total of 10,724 cases including 69 deaths have been reported since the beginning of the outbreak on 5 September 2018. Of these, a total of 62 (0.6%) cases and 4 (5.6%) deaths have been reported since the beginning of 2019.

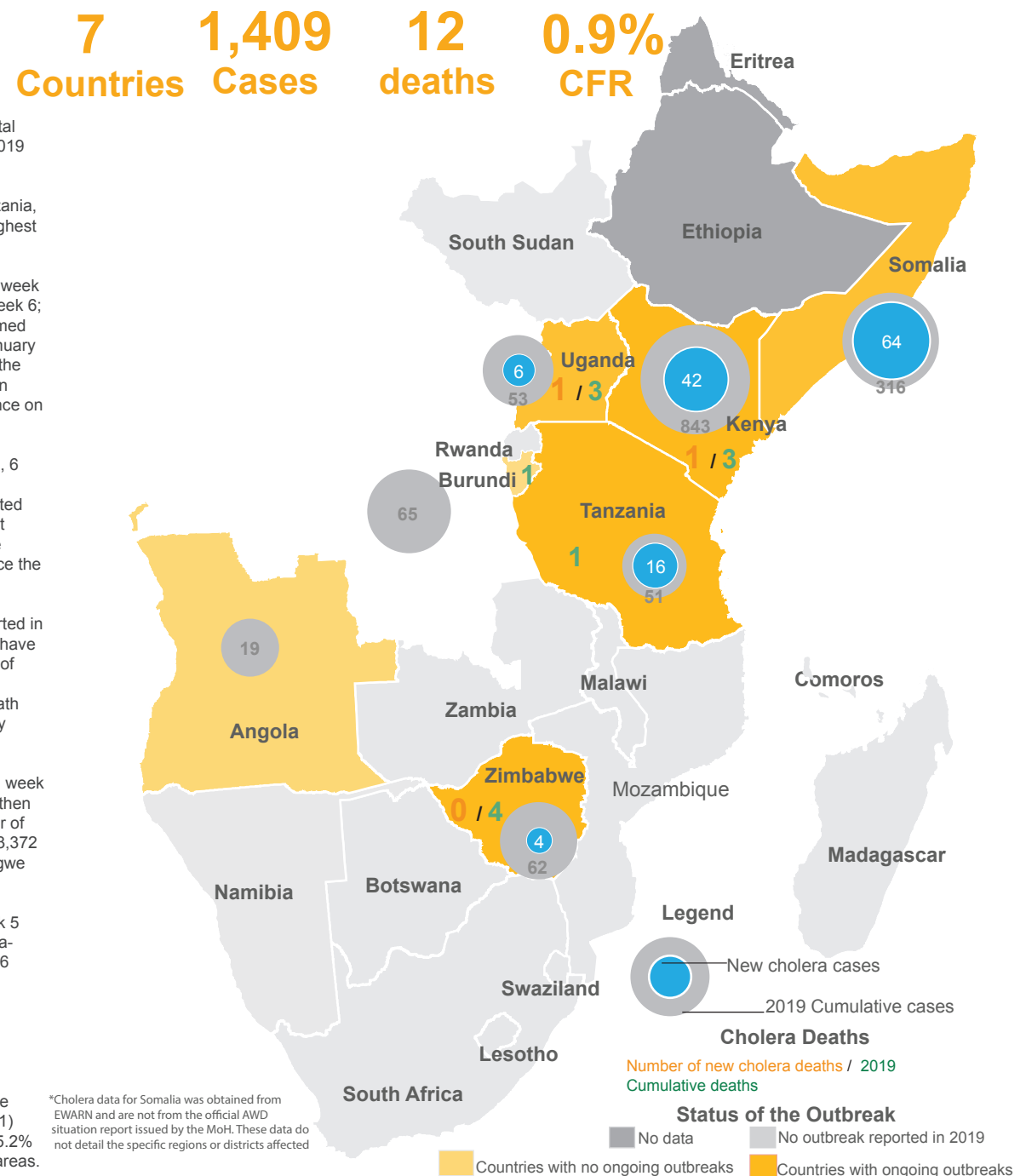
**Uganda:** The cholera outbreak in Uganda's capital, Kampala continues to be closely monitored. The outbreak started in December 2018 and was declared earlier in 2019. A cumulative total of 53 cases including 3 deaths (CFR, 5.7%) have been reported since the onset of the outbreak. These cases emerged from the overcrowded informal settlements of Sembabule zone and Katwe (Rubaga division) and Kisenyi (Central division) in Kampala. During the week under review (week 6), 6 new cases including 1 death (CFR, 16.7%) were reported compared to 9 cases including 1 death (CFR, 11.1%) reported in week 5 (week ending 3 February 2019). Lack of toilets and poor sanitation, worsened by heavy rains are factors associated with the current outbreak.

**Tanzania:** The cholera outbreak seemed to lull for two weeks (Weeks: 2 and 3, 2019), until during epidemiological week 4 (week ending 27 January 2019) when 5 cholera cases were reported in Uvinza district of Kigoma region. Since then 47 cases including 1 death (CFR, 2.1%) have been reported, as of 10 February 2019. This raises the total number of cholera cases reported since the beginning of 2019 to 51, including 1 death (CFR, 2 %). Cumulatively a total of 33,372 cases including 551 deaths have been reported since the beginning of the outbreak in August 2015. Tanga (Korogwe DC) and Kigoma (Uvinza Dc), are the most affected regions currently.

**Somalia :** An increase in the epidemic trend has been noted, 64 new cases of AWD/cholera were reported in week 5 compared 54 cases reported in week 4. These cases emerged from across Somalia including Somaliland. Cumulatively a total of 7,168 cases including 45 deaths have been reported since December 2017. Of these, a total of 316 cases 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 80.8 % (831 cases) of the total caseload while urban areas account for the remaining 19.2% (197 cases). All cases reported in Zimbabwe (62) and Tanzania (51) emerged from rural areas; while all cases reported in Uganda (53) and Angola (19) emerged from urban areas. 85.2% (718) of cases reported in Kenya emerged from rural areas and the remaining 14.8% (125) emerged from urban areas.



# Country Priorities and Response Interventions

## Country Priorities

## Response Interventions

### Kenya

- Strengthen surveillance by carrying out active case search and water quality surveillance
- Sensitize all health care workers on cholera control
- Scale up community engagement through advocacy, social mobilization and communication approach
- Engage all partners for preparedness
- Develop / Update Multisectoral cholera preparedness and response plan

### 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

### Uganda

- Advocacy to the Government to provide free water from National Water and Sewerage Corporation (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

### 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

1. National response teams were deployed to Narok and Kajiado counties and supported the county teams in the following areas:

- Supplied 30,000 aqua tabs, 10 cholera beds, Antibiotics (Erythromycin & Ciprofloxacin), 13 pieces of aprons and 10 pieces of respirators, PUR (water disinfectants), 2 drums chlorine granules and 320 rapid diagnostic kits (RDT)
- Supervised the establishment of a functional CTU in Narok South
- Conducted community sensitization with regards to cholera risk factors and use of latrines
- Narok and Kajiado county laboratory assessment was done to check on the capacity of the County lab to run culture tests. The assessment entailed five areas: Equipment, supplies, resource materials, infrastructure and technical skills. Both counties were assisted to develop a budget that included Equipment and supplies to enable them carry out culture confirmation of specimen.

2. UNICEF Support

- Comprehensive coverage of households along the riverine area with water treatment chemicals for household water treatment. This included distribution of water collection and storage containers; in addition to hygiene promotion
- In selected areas, water trucking was initiated to help these households avoid using the river water

### 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

### UNICEF support:

- Additional water purification tablets were distributed to 2000 households to cover a period of three months
- Risk communication through distribution of IEC materials to affected areas

### Kampala Capital City Authority (KCCA) and MOH support:

- Ministry of Health through National Medical Stores provided additional medicines to support case management at Cholera Treatment Centre
- KCCA continues to strengthen case management, active case finding, risk communication and enforcements in informal settlements to generate behavior change
- KCCA continued to advocate to the Ministry of Water and National Water and Sewerage Corporation; for provision of additional stand pipes.

• 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

• Continued media communication and population awareness programmes are ongoing

# 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

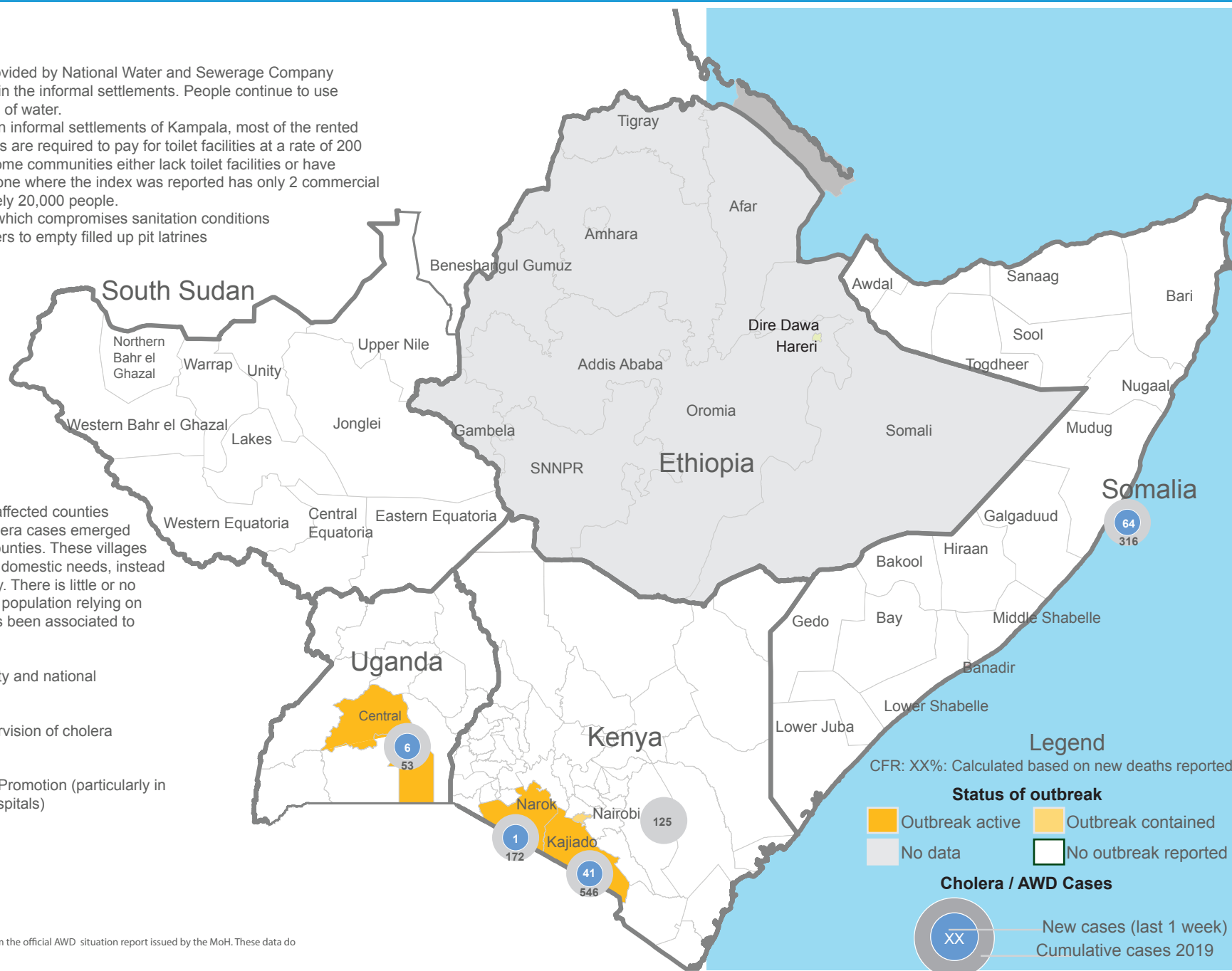
- Low access to clean water, 100 stand taps provided by National Water and Sewerage Company are few to serve a population of about 20,000 in the informal settlements. People continue to use contaminated water wells as their main source of water.
- Lack of proper excreta disposal mechanisms in informal 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. For instance, Sembule zone where the index was reported has only 2 commercial pit latrines serving a population of approximately 20,000 people.
- Poor drainage system in informal settlement, which compromises sanitation conditions
- Expensive private cesspool empties and gulpers to empty filled up pit latrines

## Kenya: Challenges

- The Ewaso Nyiro river cuts across two of the affected counties (Narok and Kajiado). Most of the reported cholera cases emerged from villages located along the river in both Counties. These villages do not have alternative water sources for their domestic needs, instead rely on the river for their domestic water supply. There is little or no sanitation coverage in the affected areas, with population relying on open defecation, thus the current outbreak has been associated to contaminated water from the river.
- Weak multi-sectoral coordination both at county and national levels.
- 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

\*\*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



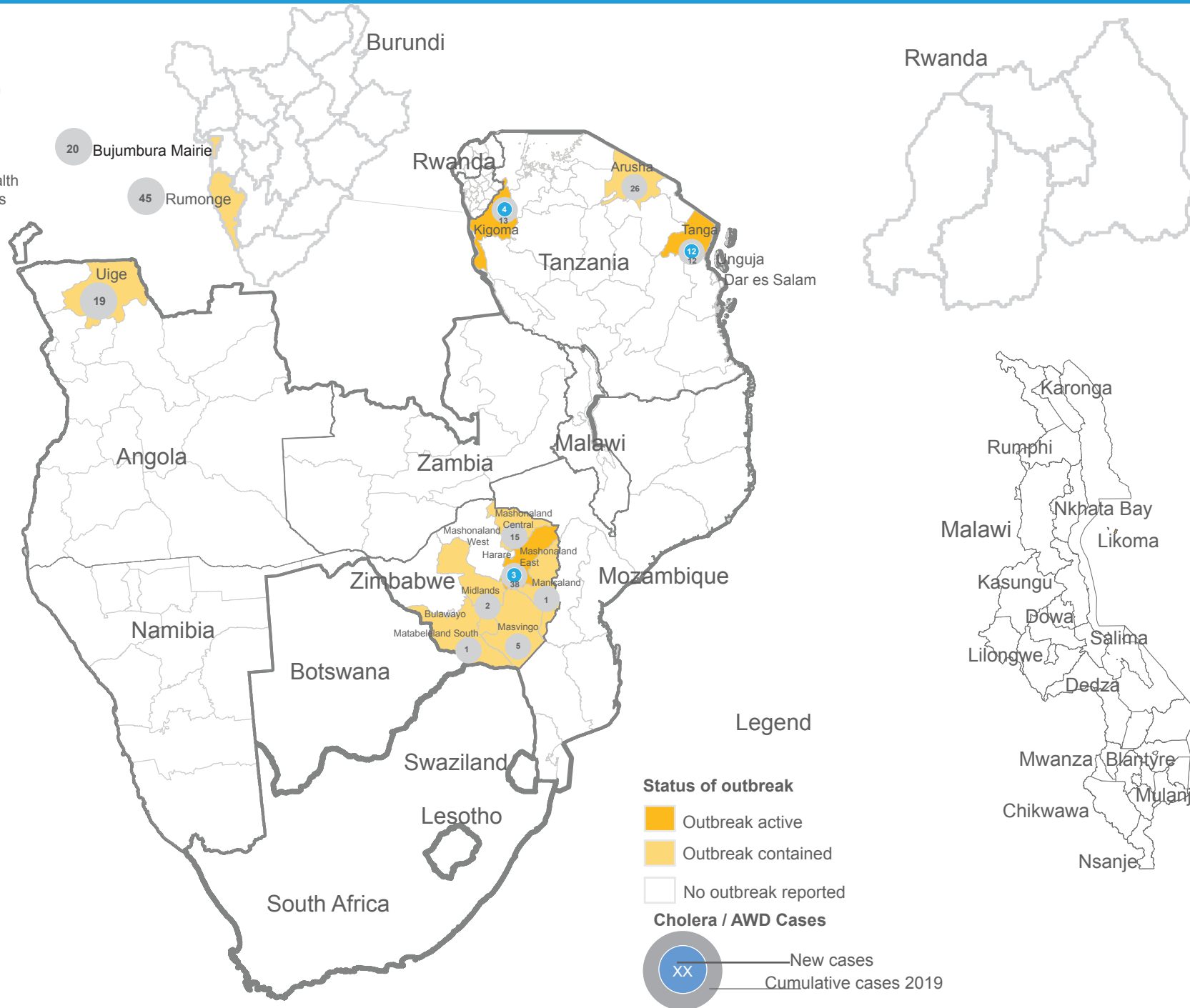
# Annex 2: Distribution of Cholera / AWD outbreaks in Southern Africa and Challenges in Response - as from 1 of January 2019

## Challenges: Zimbabwe

- People in affected areas still prefer borehole water than tap water for drinking, generating the need to ensure good social mobilization and either chlorination at point of use or at point of collection
- 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



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

Country	Week 5		Week 6		Week 7		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 (%)		
Kenya	101	0	149	0	42	1	843	3	0.4	5,782	78	1.3	4129	76	1.8	720	2	0.3	Jan-19	Active
Somalia	64	0					316	0	0	6,447	45	0.7	78,596	1118	1.4	7,168	45	0.6	Dec-17	Active
Burundi							65	1	1.5	104	1	1.0	330	0	0.0	169	2	1.0	Dec-18	Controlled
Zimbabwe	4	0	20	0	4	0	62	4	6.5	10,807	71	0.7	6	3	50.0	10,724	69	0.6	Sep-18	Active
Uganda	9	1	6	1			53	3	5.7	2,699	60	2.2	253	2	2.0	53	3	5.7	Dec-18	Active
Tanzania	26	1	16	0			51	1	2.0	4,688	84	1.8	4,276	76	1.8	33,372	551	1.7	Aug-15	Active
Angola	0	0					19	0	0	1262	18	1.4	389	19	4.9	331	3	0.9	Sep-18	Controlled
Malawi	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
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							1,409	12	0.9	37,565	443	1.2	109,442	1709	1.6	61,850	825	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