

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

## Regional Update for 2019 - as of 18 March 2019



### Highlights

More than 1,810 cholera / AWD cases including 14 deaths have been reported in 8 out of the 21 countries in Eastern and Southern Africa Region (ESAR); with an average Case Fatality Rate of 0.8%, since the beginning of 2019. These countries include; Angola, Burundi, Kenya, Malawi, Tanzania, Somalia, Uganda and Zimbabwe. Kenya accounts for 49.2 % (890) of the total case load reported this year, followed by Somalia at 31.4% (569). Highest Case Fatality Rates (CFR) in 2019 have been recorded in Uganda (5.7%) and Zimbabwe (5.1%).

Of the 8 countries with reported cholera / AWD outbreaks in ESAR since week 1 of 2019, 4 (Somalia, Tanzania, Kenya and Zimbabwe) have ongoing cholera outbreaks. During the week under review, Somalia reported the highest number of new cases (45 cases).

**Somalia:** A decline in the epidemic trend has been noted in the last two weeks. During week 9 (week ending 3 March 2019), 45 new cases were reported from Banadir Region compared to 61 cases reported in week 8 (week ending 24 February 2019). Cumulatively a total of 569 cases with no deaths have been reported since the beginning of 2019. The following Banadir districts have recorded the highest case numbers since the start of the year; Madina (14; Attack Rate 0.02), Hodan (9; Attack Rate 0.01), Deynile (9; Attack Rate 0.01) and Darkenley (8; Attack Rate 0.01). 65% of the new cases recorded in week 9 were children Under five years.

**Tanzania:** An increase in the epidemic trend has been noted in the last two weeks. During week 11 (week ending 17 March 2019), 23 new cases were reported compared to 9 cases reported in week 10 (week ending 10 March 2019). This raises the total number of cholera cases reported since the beginning of 2019 to 106, including 2 deaths (CFR, 1.9 %). All new cases emerged from Tanga region in the following areas; Korogwe TC (16), Korogwe DC (5) and Handeni DC (2). Cumulatively a total of 33,437 cases including 552 deaths have been reported since the beginning of the outbreak in August 2015.

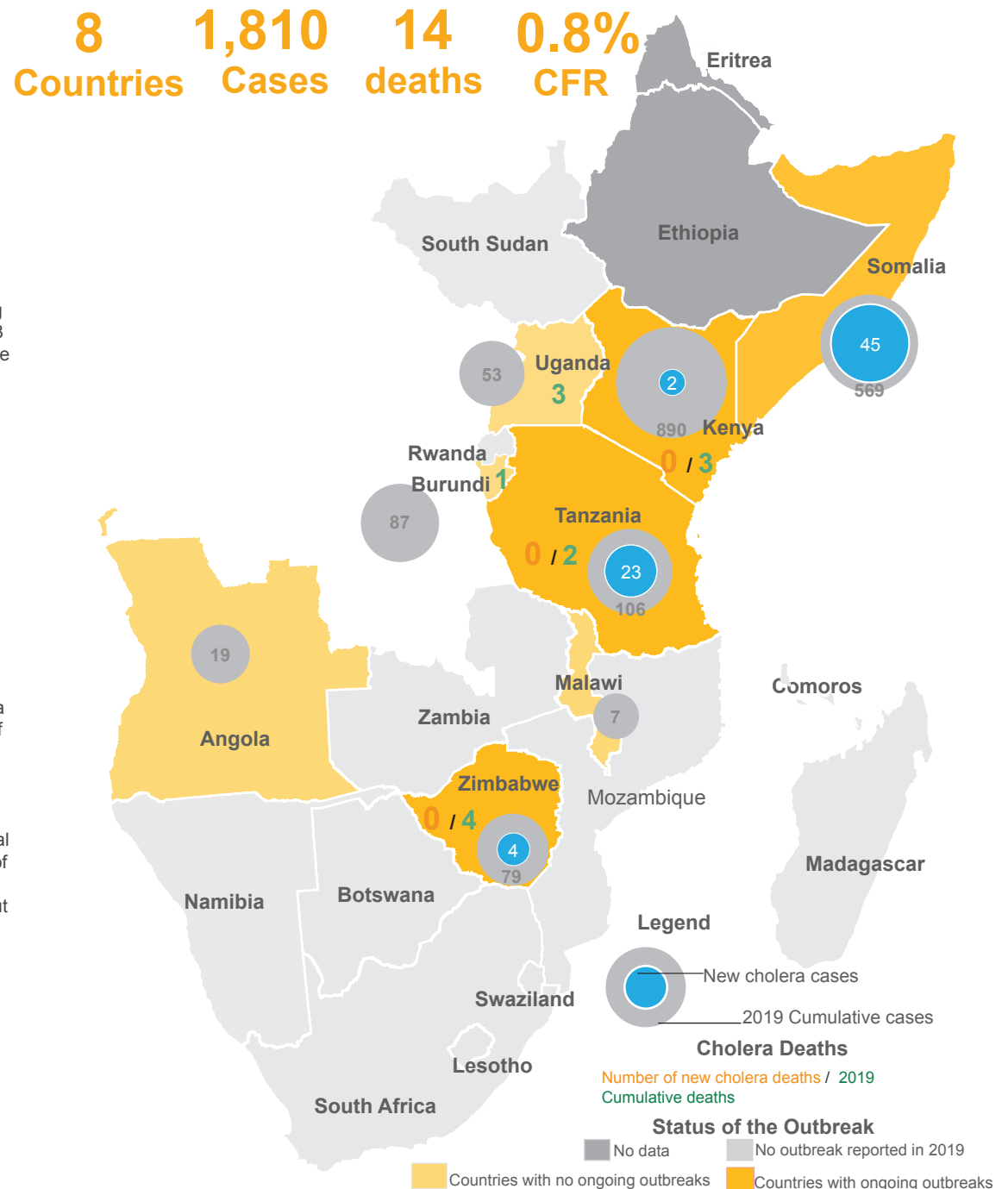
**Kenya:** Cumulatively, a total of 890 cases including 4 deaths (CFR, 0.4%) have been reported since the beginning of 2019. These cases emerged from four counties; Kajiado (582), Narok (181 including 4 deaths), Narobi (125) and Garissa (2). During the week under review, Garissa County reported a new outbreak in Hagadera refugee camp where 2 cases including 1 confirmed have been reported. Narok County reported a 2nd wave of the outbreak this year. The index case was reported on 3 March 2019 and since then, a total of 9 cases with 3 confirmed and 1 death have been reported.

**Zimbabwe:** An additional 4 cholera cases were reported during epidemiological week 10 from the following districts; Shamva district in Mashonaland Central province (2) and UMP district in Mashonaland East province (2). The same number of cases (4 cases) were reported during the previous week - epidemiological week 9. Cumulatively, a total of 10,730 cases including 69 deaths have been reported since the beginning of the outbreak on 5 September 2018. Of these, a total of 79 (0.7%) cases and 4 (5.8%) deaths have been reported since the beginning of 2019. Cases reported since the beginning of 2019 have emerged from, 6 out of 10 provinces in Zimbabwe including; Mashonaland East (42), Mashonaland Central (23), Midlands (11), Masvingo (1), Mashonaland West (1) and Manicaland (1).

### Urban - Rural Disaggregation of Cholera Cases

An analysis of cholera cases reported since the beginning of 2019 from six countries (Angola, Kenya, Malawi, Tanzania, Uganda, and Zimbabwe) reveals that overall, rural areas account for 80.9 % (1,164 cases) of the total caseload while urban areas account for the remaining 19.1% (222 cases). All cases reported in Uganda (53) and Angola (19) emerged from urban areas. Majority of the cases (86%; 765) reported in Kenya emerged from rural areas as compared to urban areas (14%;125). Likewise, more cases emerged from rural areas as compared to urban areas in Tanzania (80.2%), Zimbabwe (98.7%) and Malawi (85.7%).

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Sources: Ministries of Health and WHO

# Country Priorities and Response Interventions

## Country Priorities

## Response Interventions

### Kenya

- Provide reliable portable water system as well as waste disposal facilities in Kajiado County
- Cross-border collaboration between Narok and Kajiado counties, where the contaminated water from Ewaso Nyiro river flows.
- Sustain risk communication in Kajiado County
- Strengthen surveillance through active case search and water quality surveillance
- Sustain house hold water treatment in Kajiado County
- Consider water treatment at other points of use other than the households

- Water treatment chemicals have been distributed in the affected areas
- Community sensitization is being conducted in schools and all the affected villages in Kajiado County
- Ongoing water trucking to affected water deficient communities in Kajiado County

### Zimbabwe

- Strengthen cholera case management training sessions for health professionals with more practical bed-side demonstrations in affected areas
- Enhance coordination between hospital, Laboratory, supply chain and emergency response teams
- Intensify awareness programs on health education, nutrition, ORS and Zinc promotion, safe clean water and sanitation
- Revise Cholera guidelines based on available global and local evidences
- Provision of safe water through promotion of point of use water treatment methods
- Support weekly surveillance and reporting activities by WASH Provincial Focal Agencies (PFAs)

#### 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.
- 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

### 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

- In Korogwe DC, community-based interventions including; health education and distribution of Aqua tabs are being implemented at a house hold level

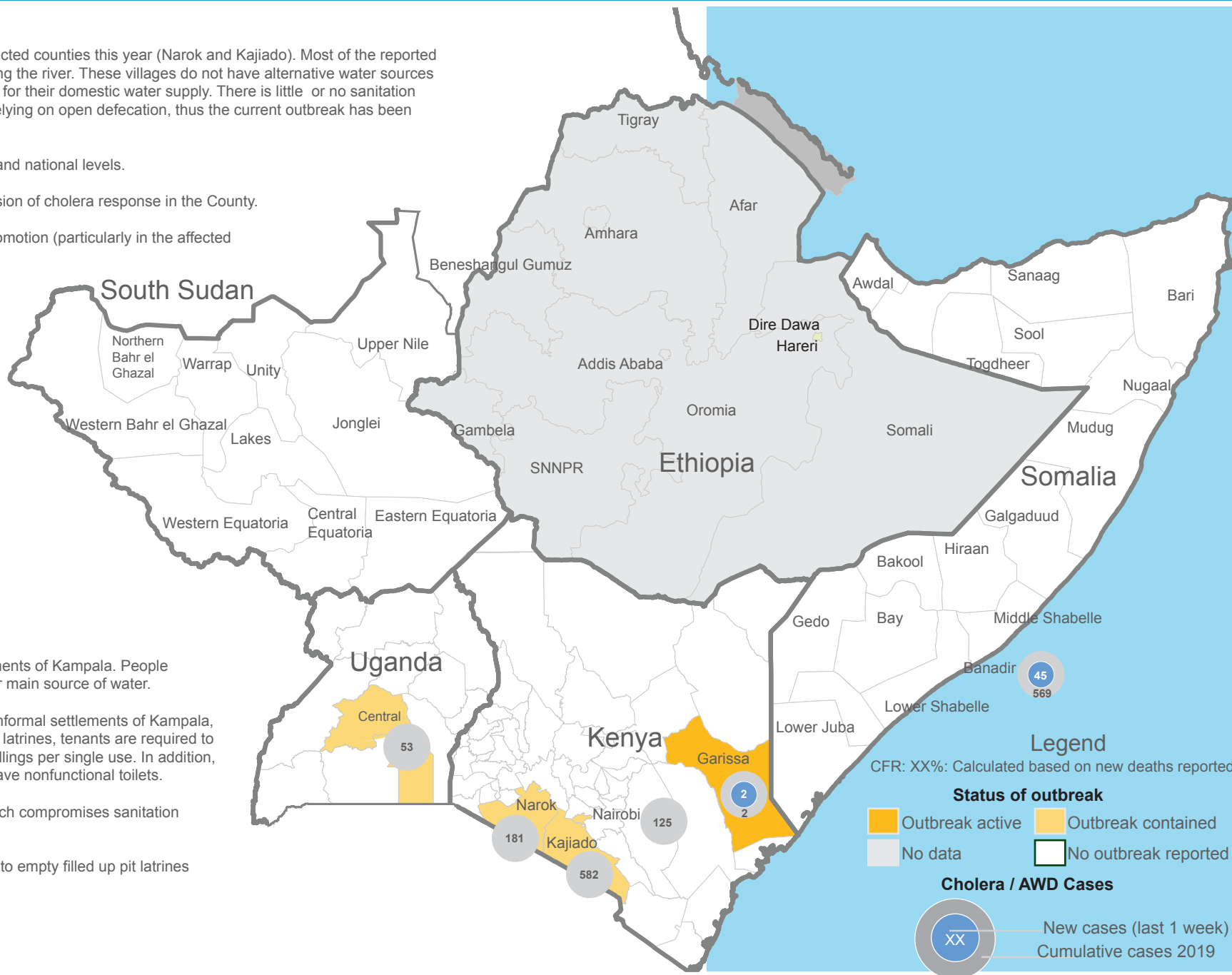
# Annex 1: Distribution of Cholera and AWD Outbreaks in the Horn of Africa and Challenges in Response - as from 1 of January 2019

## Kenya: Challenges

- The Ewaso Nyiro river cuts across two of the affected counties this year (Narok and Kajiado). Most of the reported cholera cases emerged from villages located along the river. 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)

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

## Challenges: Zimbabwe

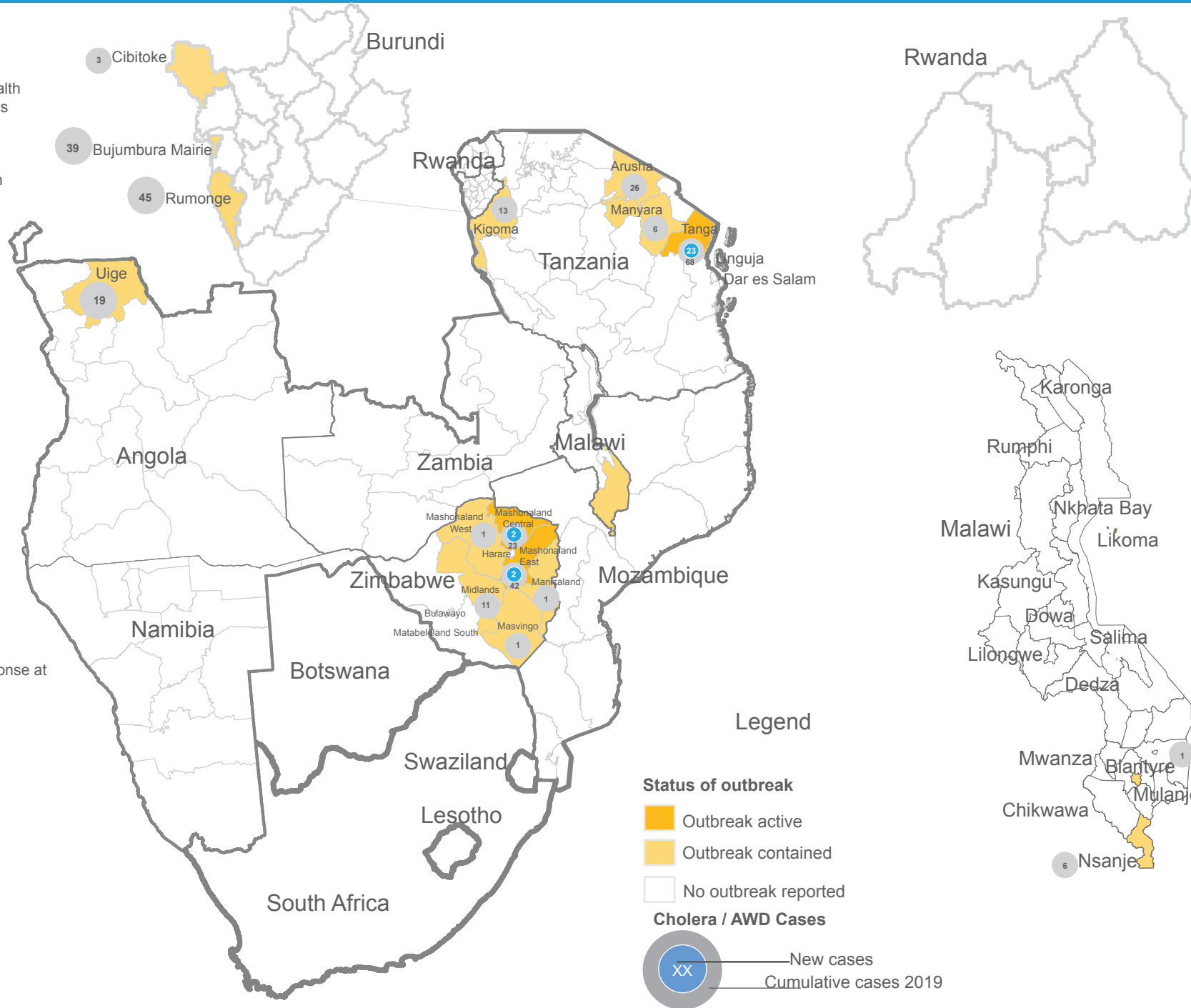
- It's a challenge to reach the Apostolic Sect with key health and hygiene education messages. The suspected cases reported outside Harare are directly linked to Apostolic Sect gatherings.
- People in affected areas still prefer borehole water than tap water for drinking, generating the need to ensure good social mobilization and either chlorination at point of use or at point of collection

## Challenges: Malawi

- Ongoing heavy rains and flooding is a risk factor to occurrence of cholera outbreaks.

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

Country	Week 9		Week 10		Week 11		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	10	0	7	0	2	0	890	4	0.3	5,782	78	1.3	4129	76	1.8	890	4	0.3	Jan-19	Active
Somalia	45	0					569	0	0	6,447	45	0.7	78,596	1118	1.4	569	0	0.0	Jan-19	Active
Burundi	0	0	0	0			87	1	1.1	104	1	1.0	330	0	0.0	189	2	1.0	Dec-18	Controlled
Zimbabwe	4	0	4	0			79	4	5.1	10,807	71	0.7	6	3	50.0	10,730	69	0.6	Sep-18	Active
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
Tanzania	14	0	9	0	23	0	106	2	2.2	4,688	84	1.8	4,276	76	1.8	33,437	552	1.7	Aug-15	Active
Angola	0	0	0	0			19	0	0	1262	18	1.4	389	19	4.9	331	3	0.9	Sep-18	Controlled
Malawi	6	0	0	0			7	0	0	785	28	3.6	155	5	0.7	7	0	0.0	Feb-19	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																				
<b>TOTAL</b>							1,810	14	0.8	37,565	443	1.2	109,445	1709	1.6	54,579	750	1.4		

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