

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

Regional Update for 2019 - as of 17 January 2019



## Highlights

5 out of the 21 countries in Eastern and Southern Africa Region (ESAR) have reported more than 198 cholera / AWD cases and 3 deaths with an average Case Fatality Rate of 1.5%, since the beginning of 2019. These countries include; Angola, Burundi, Kenya, Tanzania and Uganda. Kenya accounts for 58 % (115) of the total case load reported this year, followed by Burundi at 18.7 % (37).

Out of the 5 countries with reported cholera/ AWD outbreaks this year in ESAR, 4 (Angola, Burundi, Kenya and Uganda) have ongoing cholera outbreaks. During the week under review, Kenya reported the highest number of new cases (115 cases including 2 deaths). Of the three countries with active transmission, Uganda has recorded the highest CFR (at 4%) in 2019.

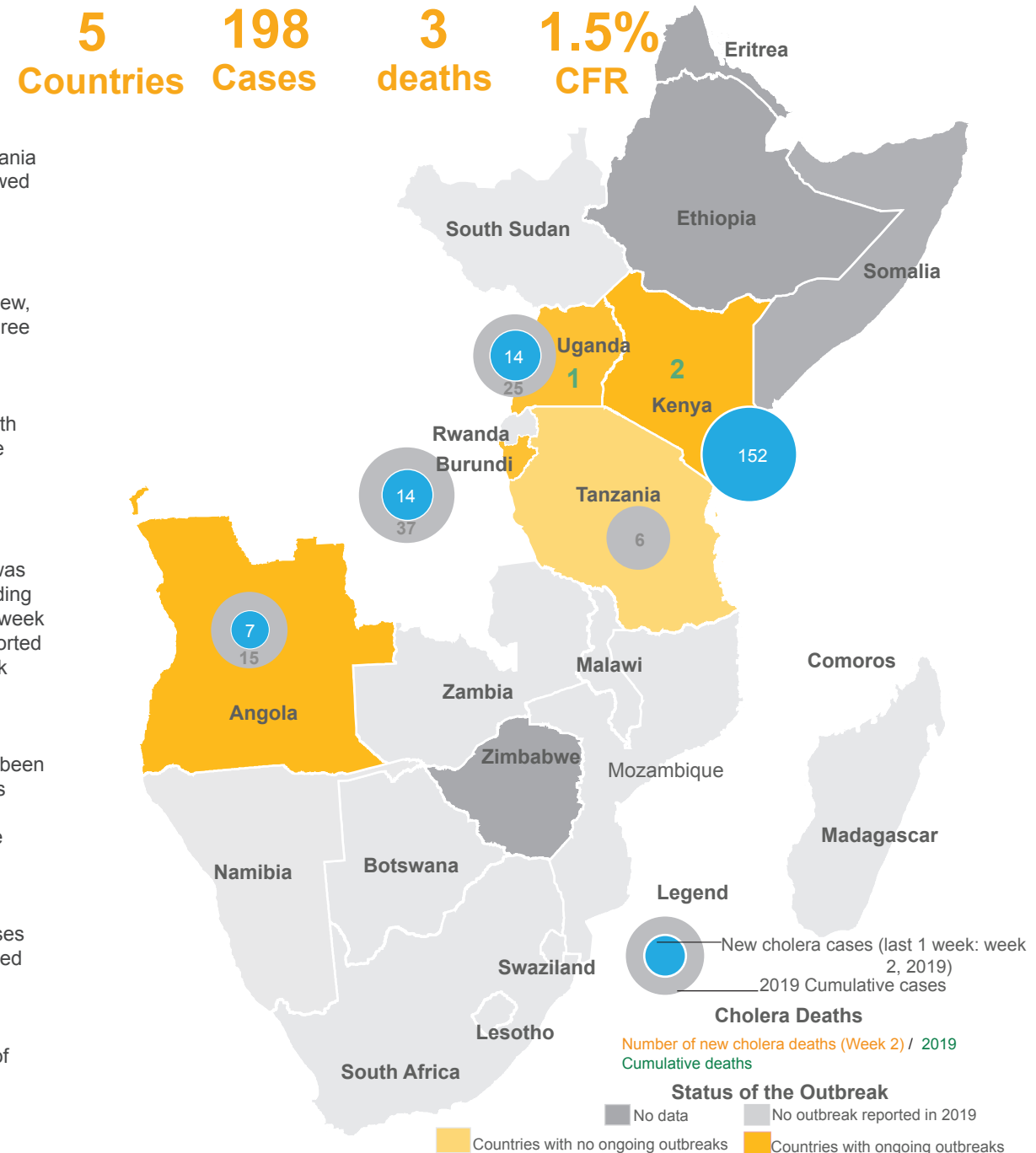
**Kenya:** A new cholera outbreak has been reported in Narok County from Narok North, South and East sub counties. A total of 71 cases with 4 confirmed and 2 deaths (CFR 2.8%) have been reported. Date of onset of the index case was 2 January 2018. Kajiado county also reported a suspected outbreak, reporting 44 cases with 12 cases positive by RDT.

**Uganda:** A new cholera outbreak emerging from Kampala started in December 2018 and was declared earlier in 2019. 14 new cases of AWD/cholera were reported in week 2 (week ending 13 January 2019) compared to 11 cases including 1 death (CFR, 9%) reported in week 1 (week ending 6 January 2019). Cumulatively a total of 25 cases including 1 death have been reported since the onset of the latest wave of the cholera outbreak in December 2018. The main risk factors for this outbreak include; poor access to clean water and sanitation.

**Burundi:** Cumulatively, as of 15 January 2019, a total of 141 cases including 1 death have been reported since the beginning of the outbreak in December 2018. 26.2% (37) of these cases have been reported since the beginning of 2019. Cases reported in 2019 emerged from Rumonge (31 cases) and Bujumbura Mairie Nord district (6 cases). Lake Tanganyika is the source of contamination.

**Angola :** During week 2, 7 new cases were reported from Uige province compared to 8 cases reported in week 1. Cumulatively a total of 327 cases including 3 deaths have been reported since the onset of the latest wave of cholera outbreak in September 2018.

**Tanzania:** 6 cases were reported from Kigoma region during week 1. Cumulatively a total of 33,327 cases including 550 deaths have been reported in the United Republic of Tanzania since August 2015.



# Country Priorities and Response Interventions

## Country Priorities

## Response Interventions

Kenya

- Improve the coordination and communication of response within the affected county and to neighbouring counties
- Complete cholera epidemiological study
- Development of cholera control plan and cholera elimination plan
- Involve the county senior management and national government for resource mobilization to intensify the hygiene promotion and community mobilization

1. National Government
  - MoH deployed multi-sectoral outbreak investigation and response teams to support counties experiencing outbreaks
  - Provided some limited quantities of assorted antibiotics and PUR, chlorine granules and aquatabs to support the County response while Kenya Red Cross Society (KRCS) distributed water treatment chemicals (PUR and aquatabs) for 600 households.

2. County Governments
  - Providing treated water through water trucking to 2 CTUs and primary school in the affected area.
  - Hygiene promotion and social mobilization on cholera prevention in the affected areas along the river has been taking place through Community Health Volunteers (CHVs) and KRCS
  - Banned the food vendors on the street in the entire County.

3. UNICEF and Partners
  - Through PCA with UNICEF, KRCS is implementing health, WASH and C4D interventions for management of cases at CTCs
  - Provided Health supplies (assorted antibiotics, ORS+ZINC, AWD kits) and WASH supplies (jerrycans, buckets, soap and water treatment chemicals (PUR and aquatabs for 1,000 households to ensure their adequate hygiene practices for one month) through the county governments.
  - Coordinated with the national MoH and KRCS to deliver IEC materials for cholera prevention/hygiene promotion activities (disease outbreak risk communication guidelines and cholera flip charts)
  - Provided technical and coordination support to the National and County Governments.

Uganda :

- Advocacy to the Government to provide free water from 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

- UNICEF provided 5 boxes of aquatabs targeting 1000 households to cover a period of one month

- UNICEF provided 1 cholera kit to support case management and 5 boxes of water purification tablets and about 10,000 IEC materials to support risk communication and social mobilization

- UNICEF provided technical support to KCCA to develop a comprehensive response plan and a Micro plan mapping high risk areas for focused response

Burundi :

Current response interventions by UNICEF and partners include;

- Provision of 3 cholera kits to support case management
- Supply of drinking water using bladders: 5 bladders installed on 5 different hills / districts.
- UNICEF collaborated with Burundian Red Cross (CRB) to disinfect households and surroundings, in affected areas
- Distribution of Aquatab tablets at the household level for water disinfection (support via CRB);
- Community awareness on hygiene measures through dissemination of media messages at national and local levels, and religious gatherings
- Training of 36 religious' leaders in Rumonge

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

The following activities were conducted by Provincial Health Department in 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

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
- Provide clean and safe water in areas affected by cholera

The following activities were implemented in all areas affected by cholera recently:

- Health education on cholera prevention and control is on-going, including promoting personal hygiene and use of latrines
- Active case search at community level with household distribution of aqua tabs for household water treatment

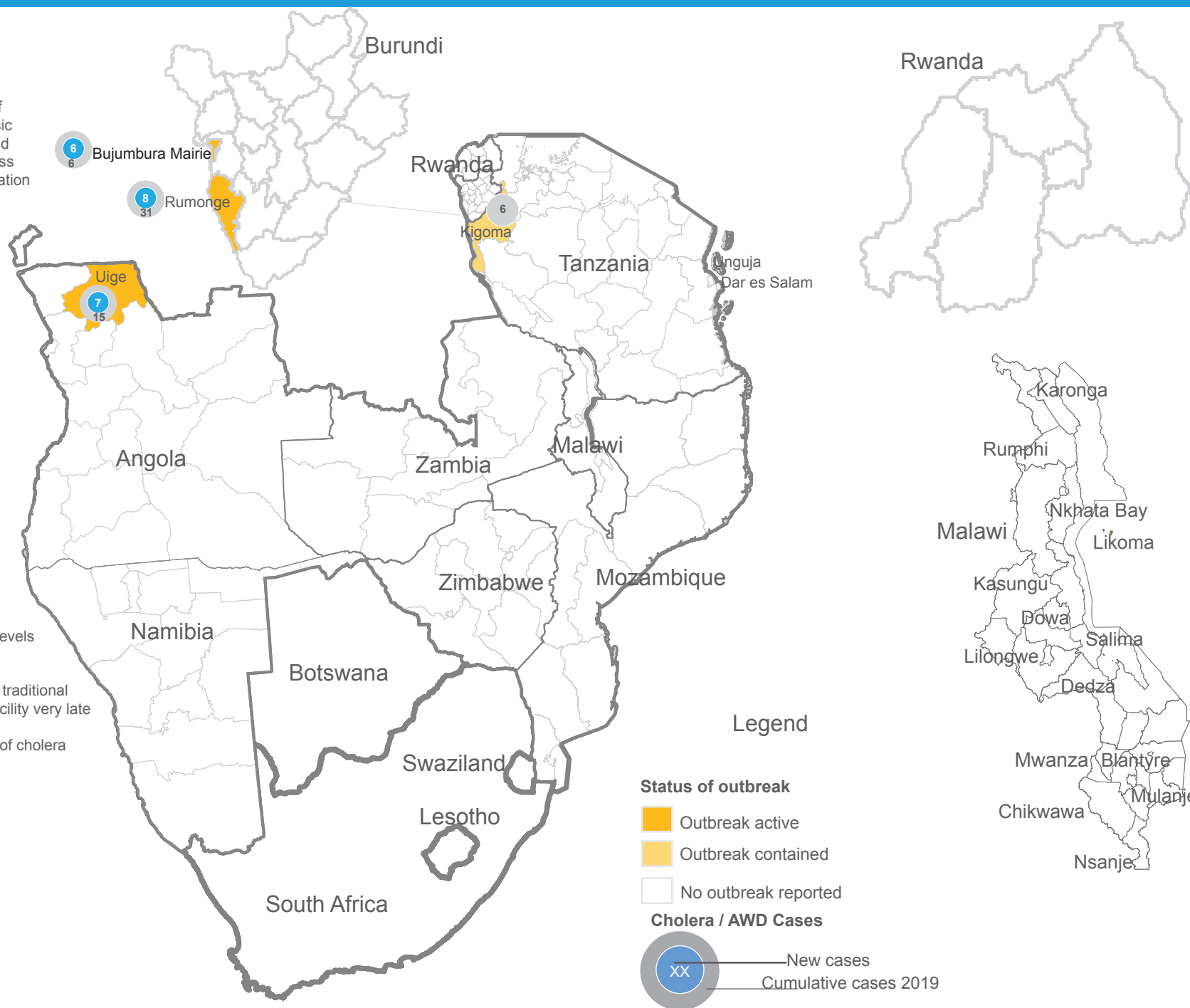
# Annex 1: Distribution of Cholera / AWD outbreaks in Southern Africa and Challenges in Response - as from 1 of January 2019

## 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

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

## Uganda: Challenges

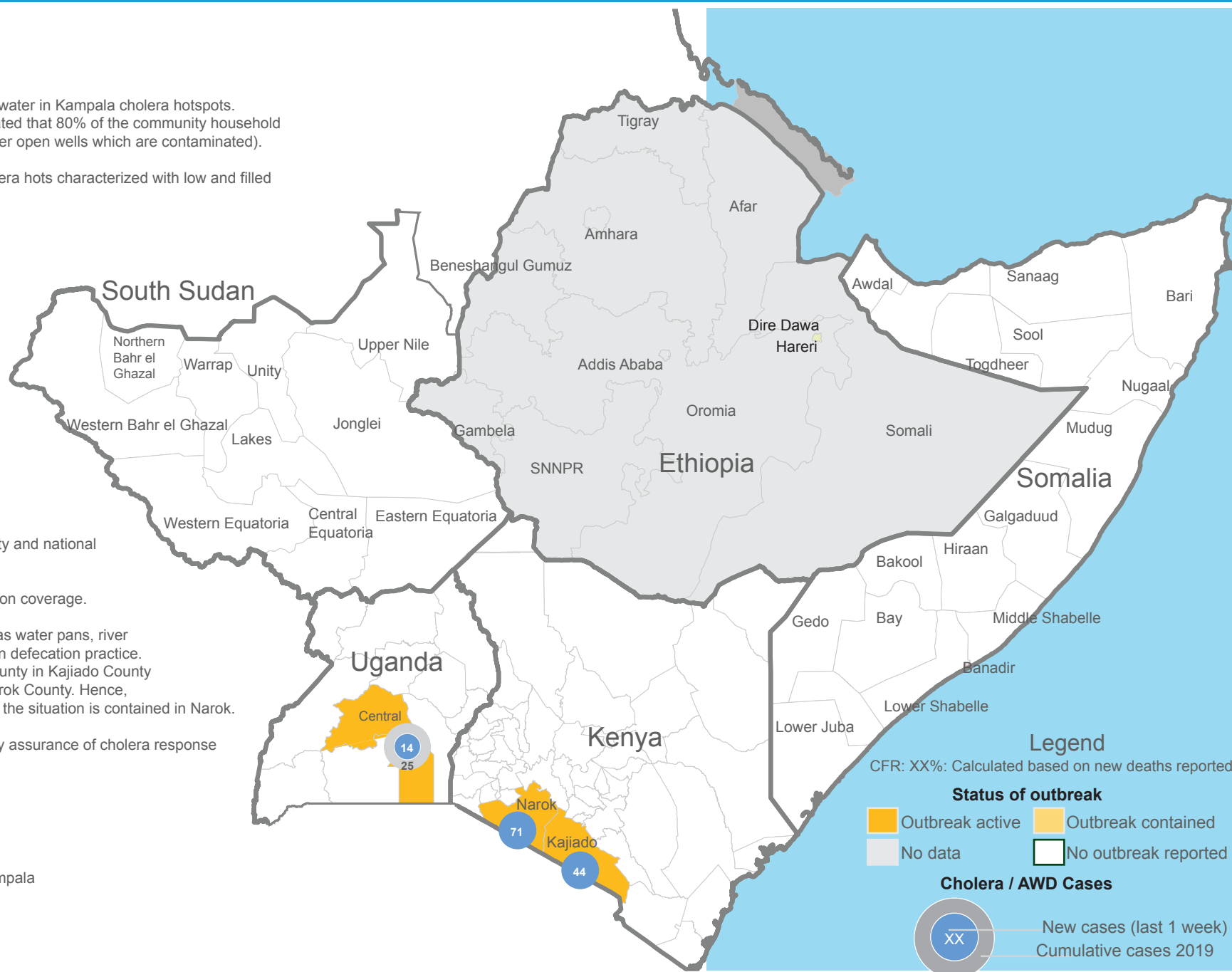
- Lack of resources to improve access to clean water in Kampala cholera hotspots. (Uganda Red Cross assessment report estimated that 80% of the community household fetch water from Nalukolongo channel and other open wells which are contaminated).
- Poor hygiene and sanitation in Kampala, Cholera hotspots characterized with low and filled up latrines.

## Kenya: Challenges

- Weak multi-sectoral coordination both at county and national levels
- The affected areas have low water and sanitation coverage.
- The population consumes surface water such as water pans, river and streams which are contaminated with open defecation practice. The Ewaso Nyiro river is shared by the sub-county in Kajiado County bordering with the affected sub-counties of Narok County. Hence, cross-border transmission will continue unless the situation is contained in Narok.
- There has been limited coordination and quality assurance of cholera response in the County.

\*Cholera cases in Uganda emerged from Kampala

\*\*Data for Somalia not yet available



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

Country	Week 1		Week 2		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	CFR (%)	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)	Cases	Deaths	CFR (%)		
Zimbabwe								10,807	71	0.7	6	3	50.0	10,630	65	0.6	Sep-18	Active
Somalia								6,447	45	0.7	78,596	1118	1.4	6,852	45	0.7	Dec-17	Active
Kenya			115	2	115	2	1.7	5,782	78	1.3	4129	76	1.8	115	2	1.7	Jan-19	Active
Tanzania	6	0	0	0	6	0	0	4,688	84	1.8	4,276	76	1.8	33,327	550	1.7	Aug-15	Active
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
Uganda	11	1	14	0	25	1	4	2,699	60	2.2	253	2	2.0	25	1	4.0	Dec-19	Active
Angola	8	0	7	0	15	0	0	1262	18	1.4	389	19	4.9	327	3	0.9	Sep-18	Active
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
Malawi	0	0	0	0	0	0	0	785	28	3.6	152	2	0.7	940	33	3.4	Nov-17	Controlled
Burundi	23	0	14	0	37	0	0	104	1	1.0	330	0	0.0	141	1	1.0	Dec-18	Active
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					198	3	1.5	37,565	443	1.2	109,442	1709	1.6	60,730	817	1.3		

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