



**World Health
Organization**



Epidemiological Bulletin Number 37

Week 50 (week ending 13 December 2009)

Foreword

This bulletin provides a weekly overview of the outbreaks occurring in Zimbabwe. It includes disaggregated data to inform and improve the continuing public health response by the various partners. It also provides guidance to agencies on issues relating to data collection, analysis and interpretation, and suggests operational strategies on the basis of epidemiological patterns so far. The bulletin is published weekly. Note that the epidemiological week runs from Monday to Sunday. This edition covers week 50 (week ending 13 December 2009).

The C4 team welcomes feedback. Data provided by individual agencies is welcome but will be verified with MOHCW structures before publication.

Please send any comments and feedback to the Cholera Control and Command Centre

Email: Cholera_Taskforce@zw.afro.who.int.

Toll free number for alert by district and province is **08089001** or **08089002** or **08 089000**

Mobile number for alerts is **0912 104 257**

Acknowledgements

We are very grateful to MoHCW District Medical Officers, District and Provincial Surveillance Officers, Provincial Medical Directors, Environmental Health Officers, and MoHCW's National Health Information Unit, who have helped to gather and share the bulk of the information presented here.

Likewise, we acknowledge agencies, including members of the Health and WASH clusters, who have kindly shared their data with our team.

MoHCW recognizes and thanks the efforts made by NGOs and other partners assisting in the response and providing support to MoHCW.

Figures

See also summary tables (annex 1), maps (annex 2) and graphs (annex 3). The case definitions can be found in appendix 1 and detailed data by district are shown in appendix 2

Since September 2009

9 out of the 62 districts in the country have been affected by the ongoing cholera outbreak compared to 44 districts last year. **146** cumulative cholera cases and **5** deaths were reported by 13th December 2009 to the World Health Organization (WHO) through the Ministry of Health and Child Welfare's (MoHCW) National Health Information Unit. The crude case fatality rate since the outbreak started stands at **3.4%**. By week 50 last year, **17 908** cumulative cases and **877** deaths had been reported, with a crude case fatality rate of **4.9%**.

The cases reported this year are **0.8 %** of last year's cases , whilst the deaths are **0.6%** of last year's deaths. This year's case fatality rate is **lower** than last year's by **1.5%** .

Week 50 (7th - 13th December 2009)

No cases were reported this week and therefore no cases have been reported for the last three weeks.

Geographical distribution of cases

The cases reported so far came from the following districts: Bindura, Chegutu, Chipinge, Gokwe North, Gokwe South, Harare, Kadoma, Makonde and Rushinga. The affected districts are in the following five provinces namely: Harare, Manicaland, Midlands, Mashonaland Central and Mashonaland West. 58 (39.7%) of the cumulative cases were reported by Manicaland, followed by Midlands with 57 cases (39.0%) and Mashonaland West which had 22 cases (15.1%). Mashonaland West province has the highest number of districts affected by cholera namely 3.

Urban/Rural distribution of cases

80.1 % of the cumulative cases were from rural areas and the remainder **19.9%** from urban areas compared to last year's scenario of **77.6 %** cases from urban areas and **22.4%** from rural areas in the corresponding week.

Assessments & response

Surveillance continued in all the provinces.

Pandemic H1N1 (2009)

By week ending 13 December, 250 cumulative probable¹ cases of Pandemic H1N1 (2009) had been reported in Zimbabwe, 41 of which were confirmed by PCR (Polymerase chain reaction) to be Pandemic H1N1 (2009).

Week 50 (7th - 13th December 2009)

1 new case of probable Influenza A H1N1 was reported this week from Mvuma, Chirumhanzu District.

Geographical distribution of cases

The following provinces have reported cases: Manicaland, Harare, Mashonaland East and Midlands. The affected 8 districts are: Harare Urban, Chivhu, Marondera, Goromonzi, Seke, Mutasa, Nyanga and Chirumhanzu.

Assessments & response

No samples were sent to the National Virology Laboratory.

Measles

The total number of reported suspected measles cases that had samples that were examined by the laboratory since January are nearly 340 whilst the total number of measles IgM positive cases is now 81. 56 cases (69.1%) of the positive cases occurred in the in the above five years age group. 4 cases(4.9%) had been vaccinated. Nearly a third of the cases came from Zvishavane and Harare.

Week 50 (7th – 13th December 2009)

9 new cases of positive IgM measles were reported. The breakdown of the cases is as follows: Buhera 3 cases, Bulawayo 1 case, Gokwe South 2, Makoni 1 case, Marondera 1 case and Harare 1 case.

Geographical distribution of cases

To date 15 districts have reported measles outbreaks namely: Bubi, Buhera, Bulawayo, Gokwe South, Gutu, Harare, Insiza , Kwekwe, Makoni, Makonde, Marondera, Mutare, Chegutu, Chipinge and Zvishavane.

Assessments & response

Makoni district is currently immunising children with the age group 6 months -14 Years, who live areas surrounding areas that had outbreaks.

¹ See definition of probable case in Appendix 1

Annex 1: Summary Tables

Table 1: Cumulative Cholera cases and deaths reported by district for the period week 37 to week 50

Province	District	Cases Reported this week	Cumulative Cases	Institutional Deaths	Community Deaths	Attack Rate Per 100 000
Harare	Harare	0	6	0	0	0
Mashonaland Central	Rushinga	0	1	0	0	1
	Bindura	0	1	0	0	1
Mashonaland West	Kadoma	0	3	0	0	0
	Chegutu	0	2	0	2	1
	Makonde	0	17	1	0	9
Manicaland	Chipinge	0	58	0	0	19
Midlands	Gokwe North	0	57	0	2	25
	Gokwe South	0	1	0	0	0
Total		0	146	1	4	5

Table 2: Age and Sex breakdown of cumulative cholera linelisted cases for the period week 37 to week 50

District	Under 5 Years		5-14 Years		15-29 Years		30 Years and over	
	Male	Female	Male	Female	Male	Female	Male	Female
Gokwe North	3	0	5	4	8	14	7	16
Chipinge	0	0	5	5	4	4	4	4
Harare	1	0	0	0	0	2	1	1
Kadoma	0	0	0	0	1	0	0	1
Rushinga	0	0	0	0	0	0	0	1
Bindura	0	0	0	1	0	0	0	0
Total	4	0	10	10	13	20	12	23

Table 3: Age and Sex Distribution of Cumulative Confirmed H1N1 Cases from July to 13 December 2009

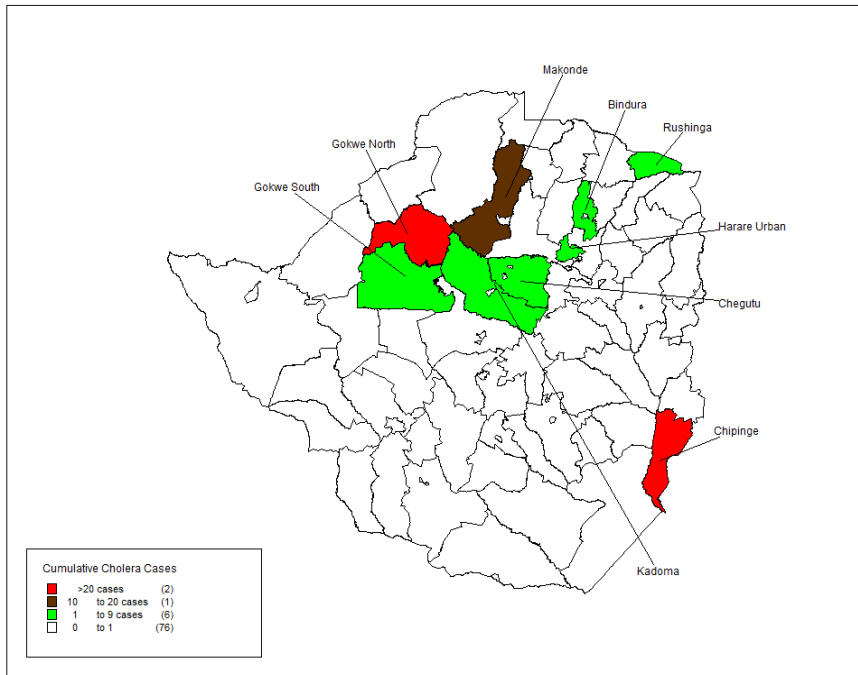
District	Under 5 Years		5-14 Years		15-29 Years		30 Years and over	
	Male	Female	Male	Female	Male	Female	Male	Female
Chikomba	0	0	3	0	4	3	0	0
Harare	0	1	2	0	0	0	0	0
Mutasa	0	0	3	2	0	0	0	0
Seke	0	1	8	4	1	1	0	0
Unspecified District	0	0	5	2	1	0	0	0
Total	0	2	21	8	6	4	0	0

Table 4: Age Distribution of Cumulative Measles Igm Positive Cases from January to 13

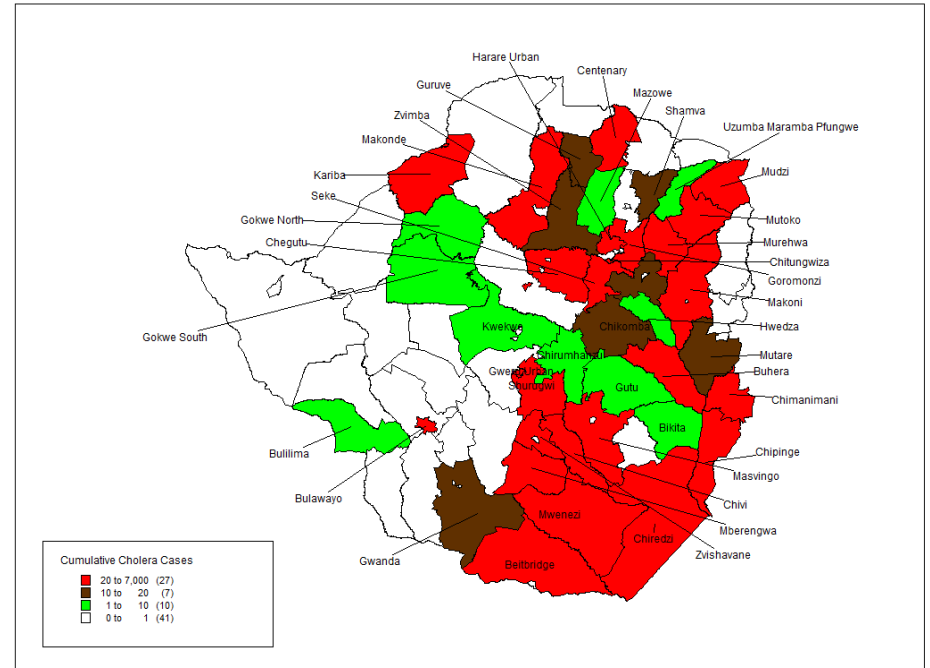
District	Under Five Years	5-15 Years	Above 15 Years	TOTAL
Bubi	0	6	3	9
Buhera	1	2	0	3
Bulawayo	4	0	0	4
Chegutu	2	3	0	5
Chipingwe	1	4	1	6
Chitungwiza	0	3	0	3
Gokwe South	0	2	1	3
Gutu	2	1	0	3
Harare	5	5	0	10
Insiza	0	2	0	2
Kwekwe	1	1	0	2
Makonde	0	1	0	1
Makoni	2	2	1	5
Marondera	1	2	0	3
Mutare	1	4	0	5
Zvishavane	5	11	1	17
TOTAL	25	49	7	81

Annex 2: Maps

Map 1: Comparison of cumulative cholera cases by district as of week 50, 2008 and 2009

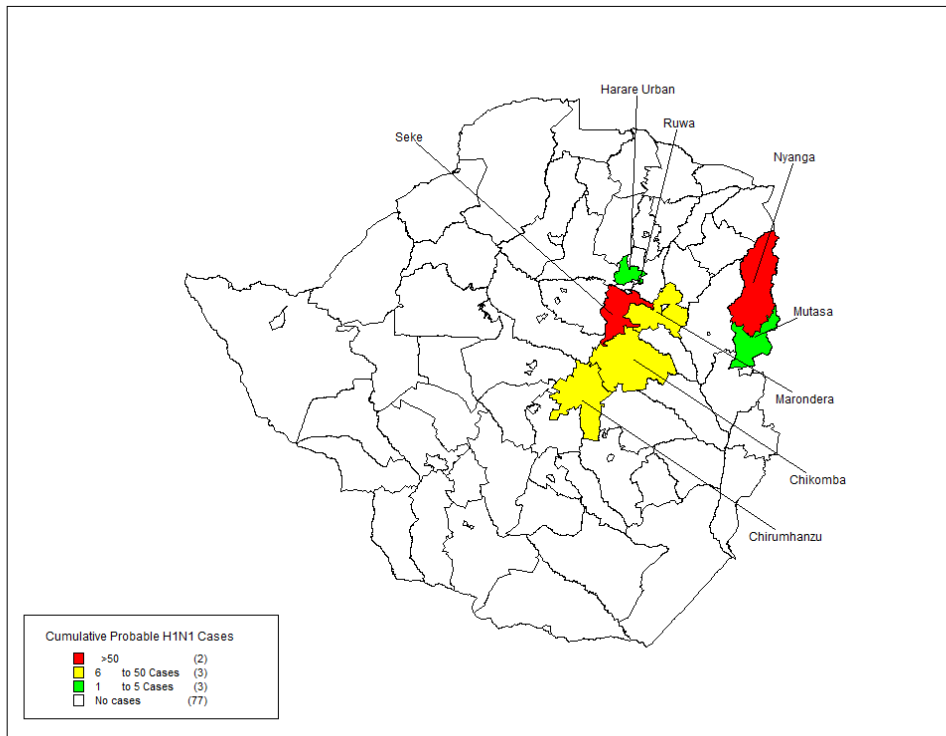


2009

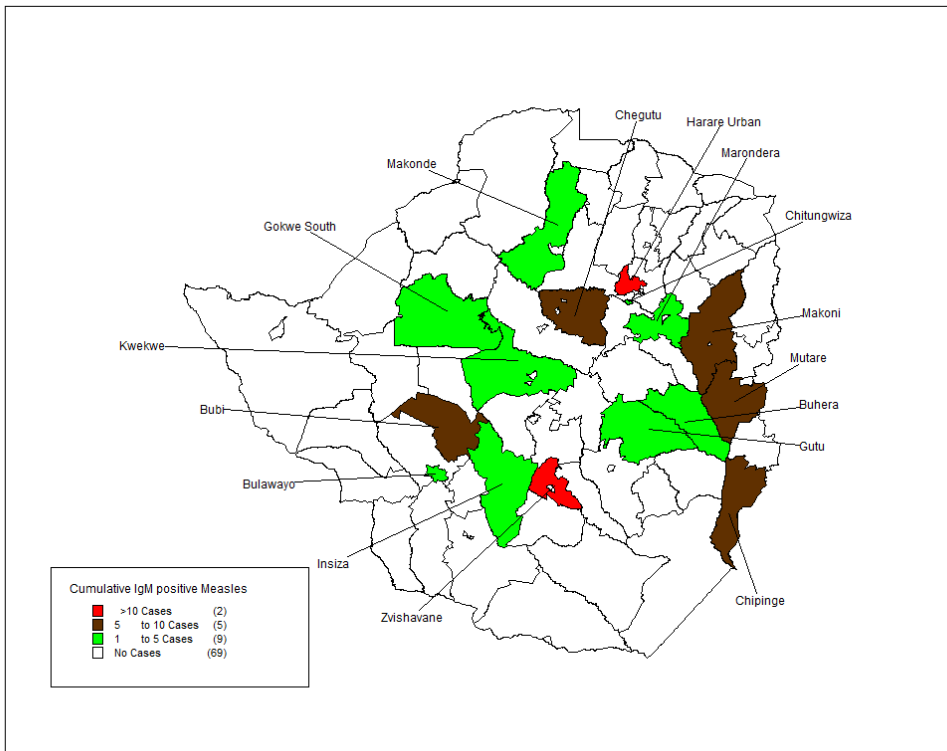


2008

Map 2: Cumulative probable Influenza A H1N1(2009) cases by district, July-13 December 2009

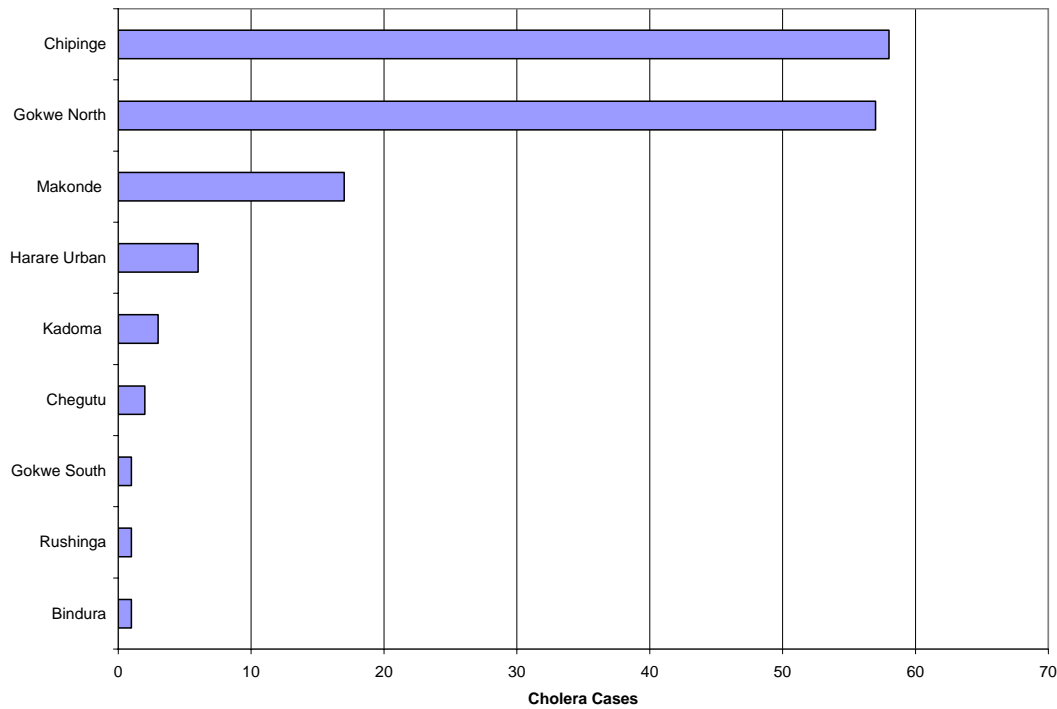


Map 3: Measles Igm positive cases by district, as at 13 December 2009

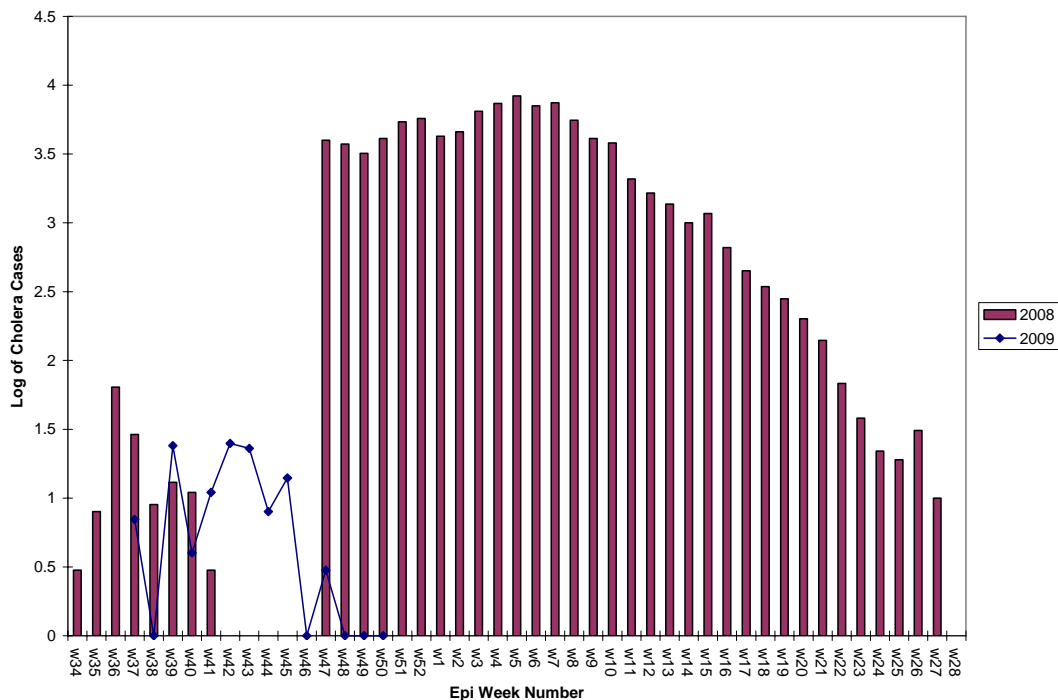


Annex 3: Graphs

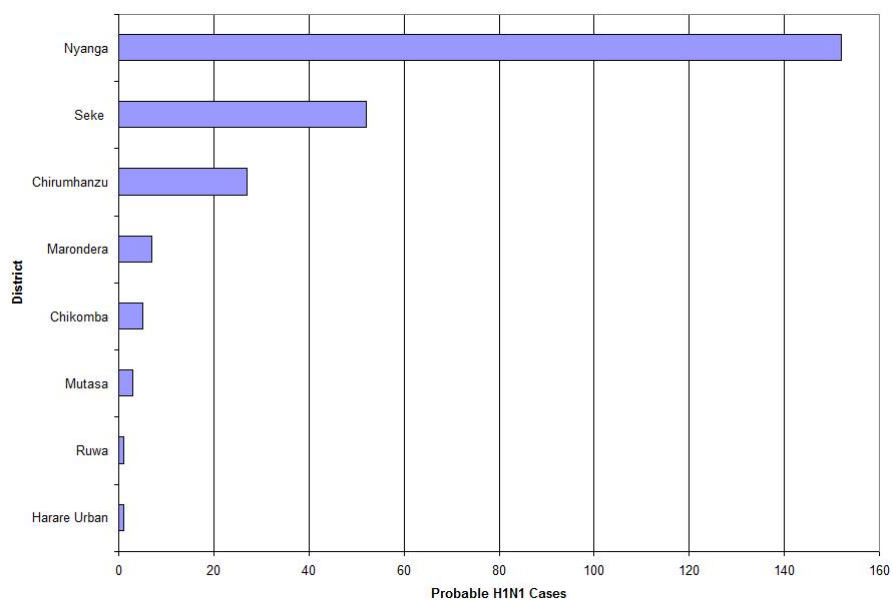
Graph 1: Ranking of District Cumulative Cholera Cases Reported by week37-50,2009



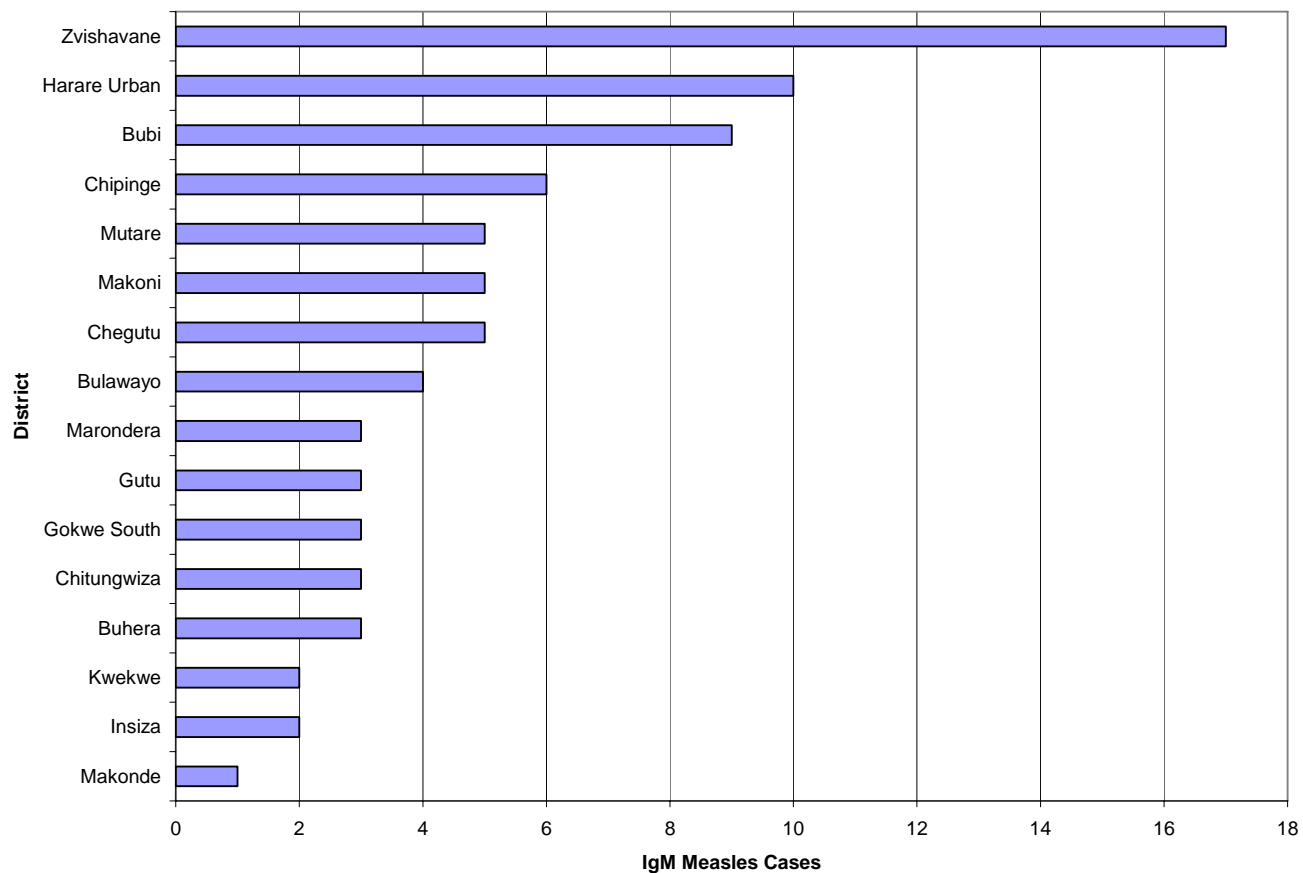
Graph 2: Logarithms of Cumulative Cholera Cases by week for the years 2008 and 2009



Graph 3: Ranking of District Probable H1N1 Cases Reported by July to 13 December 2009



Graph 3: Ranking of District Measles Cases Reported from January to 13 December 2009



Appendix 1: Case Definitions

Cholera

The Zimbabwe cholera state definition states that

"In an area where there is a cholera epidemic, a patient aged 2 years or more develops acute watery diarrhoea, with or without vomiting".

"A confirmed cholera case is when *Vibrio cholerae* is isolated from any patient with diarrhoea".

This is adapted from the WHO case definition for cholera.

The inclusion of all ages in the case definition somewhat reduces specificity, that is, inclusion of more non-cholera childhood diarrhoea cases. It, however, does not impede meaningful interpretation of trends. Teams should monitor any shift in the age distribution of cases, which might indicate a changing proportion of non-cholera cases among patients seen.

Influenza A H1N1

Influenza A and B are two of the three types of influenza viruses associated with annual outbreaks and epidemics of influenza. Only influenza A virus can cause pandemics.

The Zimbabwe IDSR technical guidelines define influenza case by a new sub type (including Avian flu Influenza A H5N1 and Swine flu Influenza A H1N1) as;

"Any person presenting with unexplained acute lower respiratory illness with fever (>38 °C) and cough, shortness of breath or difficulty breathing AND notion of exposures in the 7 days prior to symptom onset."

Probable case definition:

Any person meeting the criteria for a suspected case **AND** positive laboratory confirmation of an influenza A infection but insufficient laboratory evidence for H1N1 infection.

Confirmed H1N1 case: A person meeting the criteria for a suspected or probable case **AND** a positive result conducted in a national, regional or international influenza laboratory whose H1N1 test results are accepted by WHO as confirmatory.

There may be difficulty in telling apart mild cases of pandemic influenza from the seasonal influenza.

Suspected measles:

Any person with fever and maculopapular rash and cough OR Coryza (running nose) Or conjunctivitis (Red eyes) OR clinician suspects measles.

Measles Outbreak Definition:

A cluster of 5 or more suspected cases OR at least 3 measles IgM positive cases in a district /health facility in a month.

Lab confirmed: Suspected case of measles with positive serum IgM antibody, with no history of measles vaccination in the past 4 weeks.

Confirmed by epidemiologic linkage: Suspected case of measles not investigated serologically but has possibility of contact with a laboratory-confirmed case whose rash onset was within the preceding 30 days (same / adjacent districts with plausible transmission)