**17th March 2013**

**Beitbridge Cholera Outbreak Report**

There are 2 laboratory confirmed cases of cholera reported in Zimbabwe. One was reported from Shashe clinic in Beitbridge District, Matebeland South Province on the 5th of March 2013. The patient had visited South Africa, Mussina 4 days before falling ill. Three other suspected cholera case tested negative and we are still awaiting results from other 2 sample collected on 16th. There has been 2 confirmed cases of cholera in Mussina, one of which is a Zimbabwean national with a refugee status who had visited Zimbabwe prior to falling ill. The other case has just been reported from Chikombedzi in Chiredzi District, Masvingo Province on the 16th March 2013. It is to this effect that the National Rapid Response Team (RRT) visited Beitbridge District from the 14 -17th March 2013 with the following objectives:

1. To assess the cholera outbreak situation on the ground
2. To assess the district response
3. To assess the district preparedness in terms of trainings, laboratory preparedness and surveillance
4. Identify gaps and challenges
5. Identify areas of cross border collaboration with our South African colleagues

**Findings**

**Environmental Situation on the Ground**

- Water situation in the entire district not well due to the recent floods that occurred in the entire district. Wells were contaminated
- Water supply in Beitbridge district still erratic, with some areas without running water
- Tests conducted in Beitbridge town showed that drinking water is contaminated with E. coli
- Sanitation coverage in Shashi very low. More than 90% of households in this area have no toilets, they resort to the bush system

**The District Response**

The clinic and district RRT responded well on time and the reporting to the next level was within the expected time frame. The laboratory investigations were done according to protocol. The treatment given was appropriate for the cholera case according to national guidelines. There is however shortcomings as regards to other suspected cholera cases.

**District Preparedness**

All the provincial and district executives were trained in IDSR and RRT in 2010. There was a health facility and community IDSR training which was done in 2012 and recently in February 2013. However no case management training was done.

The district RRT team has intensified surveillance by visiting the affected and other areas on a regular basis to investigate rumors, active search of cases and follow contacts. There are weekly disease surveillance meetings taking place every Wednesday, daily briefings/reports are being done. Reports are being received using two way radios and mobile phones for both Zimbabwean Networks and Vodafone.

**Other diseases**

Despite the flooding that occurred in the district recently no malaria outbreaks have been reported. Matebeland South is in pre elimination mode for malaria and any malaria cases need to be investigated and reported. No common diarhoreal outbreaks have been reported from the district.

**Challenges**

1. Fuel to travel to the furthest districts is a notable challenge since the road terrain has been affected by the floods.
2. No cholera emergency stocks for the minimum 100 cases in place (antibiotics, disinfectants, oral rehydration solution, and camping equipment)
3. No adequate Personal protective Equipment (PPE) in place
4. Shortage of IEC materials for cholera especially in Venda which is the language spoken in the area
5. Non availability of allowances and lunches for RRT teams

**Recommendations**

1. Need to urgently conduct case management trainings on diarrhea for the affected districts. It has been seen that there are gaps in case management as suspected cases are being put on antibiotics for any diarrhea before a sample has been collected
2. Need to Print and distribute IEC materials in minority language. This team had brought some IEC materials for cholera and typhoid but were in English, Shona and Ndebele.
3. Institute strong collaboration with our South African Counterparts to avoid and minimize accusations and suspicion. There has been some collaboration and meetings that took place but if these could be done at provincial and national level
4. Urgently activate CPU meetings. This was being hindered with the existing competing national programs
5. The Province to quickly collect and distribute the emergency stocks from WHO and fill the existing gaps in the requirements. Some provinces have collected these commodities.

6. Intensify collaboration with the local NGOs working in health. There are several NGOs working in the areas of health and disease response including MSF-Spain. The district had a feeling that this has to be done through CPU.

***Compiled by Dr. I. Phiri***

***Deputy Director Communicable diseases prevention and control***

***For National RRT members: Dr. I. phiri***

***Mr. A. Tarupiwa Laboratory Scientist NMRL***

***Mr. P. Muzama A/ EPR Manager Environmental Department***