Bulletin: Cholera and AWD Outbreaks in Eastern and Southern Africa
Regional Update for 2018 - as of 18 January 2018

Highlights

More than 2,009 cholera / AWD cases and 22 deaths (Case Fatality Rate: 1.1%) have been reported in 7 of 21 countries of Eastern and Southern Africa Region (ESAR) since the beginning of 2018. These countries include; Angola, Kenya, Malawi, Mozambique, Somalia, Tanzania and Zambia.

The most affected countries since the beginning of this year are Zambia with 57.7% of the total case load, followed by Kenya 14.9% and Angola at 13.2%. Of the 7 countries with active transmission this year, Tanzania has recorded the highest CFR at 3.1%, followed by Angola at 2.2%.

Zambia: During week 2 (week ending 14 January 2018), 547 new cases including 10 deaths (CFR:1.8%) were reported in the country compared to 613 cases reported in week 1 (week ending 7 January 2018). The new cases reported during the week emerged from 23 districts located in 7 provinces, namely Lusaka (500), Central (18), Southern (17), Copperbelt (5), Eastern (3), Western (3) and North Western (1).

Angola: A new outbreak was identified in Epidemiological week 51 of 2017 in Uige district, where two suspected cholera cases with travel history from Kimpangu in DRC were reported. During week 2 of 2018, 124 new cases including 1 death (CFR: 0.8%) were reported; compared to 147 cases including 5 deaths (CFR: 3.4%) reported in week 1. These cases are concentrated in Uige district. Cumulatively a total of 443 cases including 9 deaths have been reported, as from 15 December 2017.

Kenya: An increase in the epidemic trend. During week 2, 199 new cases were reported compared to 101 including 1 death reported in week 1. New cases emerged from 5 Counties, namely Tharaka Nithi (157), Garissa (27), Siaya (7), Mombasa (5) and Kirinyaga (3).

Tanzania: During week 1, 127 new cases including 4 deaths (CFR: 3.1%) were reported. These new cases are concentrated in 6 regions, namely Rukwa (48), Kigoma (22), Songwe (20), Ruvuma (18 cases and 1 death), Dodoma (10 cases and 3 deaths) and Manyara (9).

Somalia: During week 1, 90 new cases including 1 death (CFR: 1.1%) were reported. These new cases emerged from Banadir (46 cases and 1 death) and Hiran (44) regions.

Malawi: During week 1 (week ending 7 January 2018), a total of 58 new suspected cholera cases (with no deaths) were reported, compared to 59 cases reported in week 52 (week ending 31 December 2017). The new cases reported during the week came from four districts, namely Karonga (33), Lilongwe (18), Salima (5), and Nkhatabay (2).

Mozambique: 3 new cases were reported in week 1. These new cases emerged from Mamba, Erati and Nacarroa districts, and Nampula city in Nampula province.

Table: Cumulative Cholera / AWD Cases and Deaths Since the Beginning of Outbreaks, by Country

<table>
<thead>
<tr>
<th>Country</th>
<th>Start Date</th>
<th>Cumulative no. of cases</th>
<th>Cumulative no. of deaths</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Somalia</td>
<td>March 2016</td>
<td>94,606*</td>
<td>1680*</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Somalia</td>
<td>March 2016</td>
<td>94,606*</td>
<td>1680*</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Somalia</td>
<td>March 2016</td>
<td>94,606*</td>
<td>1680*</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Tanzania</td>
<td>August 2015</td>
<td>33,288**</td>
<td>538**</td>
<td>Ongoing</td>
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<tr>
<td>South Sudan</td>
<td>June 2016</td>
<td>21,556</td>
<td>462</td>
<td>Controlled</td>
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<tr>
<td>Kenya</td>
<td>October 2016</td>
<td>4,599</td>
<td>90</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Mozambique</td>
<td>January 2017</td>
<td>227</td>
<td>5</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Angola</td>
<td>December 2017</td>
<td>443</td>
<td>9</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Burundi</td>
<td>December 2016</td>
<td>330</td>
<td>0</td>
<td>Controlled</td>
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<td>Uganda</td>
<td>September 2017</td>
<td>353</td>
<td>5</td>
<td>Controlled</td>
</tr>
<tr>
<td>Malawi</td>
<td>March 2017</td>
<td>353</td>
<td>5</td>
<td>Controlled</td>
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<td>Zambia</td>
<td>October 2017</td>
<td>3267</td>
<td>74</td>
<td>Ongoing</td>
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<tr>
<td>Zimbabwe</td>
<td>November 2015</td>
<td>18</td>
<td>4</td>
<td>Controlled</td>
</tr>
<tr>
<td>Zambia</td>
<td>November 2015</td>
<td>18</td>
<td>4</td>
<td>Controlled</td>
</tr>
<tr>
<td>Rwanda</td>
<td>January 2017</td>
<td>4</td>
<td>0</td>
<td>Controlled</td>
</tr>
</tbody>
</table>

*Includes 4,676 cases and 72 deaths reported in Zanzibar from 2015 to March 2017

Cholera Deaths

Number of new cholera deaths (Week 1 to 2) / 2018 Cumulative deaths

Distribution of new cases: Week 1 to Week 2, 2018

Legend

New cholera cases (last 1 week) / 2018 Cumulative cases

No new cases reported in Week 1 - 2
1 to 500 cases
> 500 cases
## Country Priorities and Response Interventions

### Country Priorities

- Strengthen coordination of cholera preparedness and response
- Preposition cholera buffer stocks and other medical supplies
- Enhance surveillance and case investigation at all levels
- Improve adherence to case management and infection control protocols at treatment sites
- Complementary use of safe and effective oral cholera vaccines in identified hotspot areas
- Provision of WASH supplies

### Response Interventions

- The 2nd round of OCV campaign in Kapoeta South, East and Tonj East was conducted from 10th to 17th December 2017. In Tonj East, 85,000 individuals 1 year and above had 2nd dose while in Kapoeta South and East, 67,947 and 75,236 received 2nd dose of the vaccine respectively.
- Preventive and reactive Oral Cholera Vaccine campaigns were conducted in 7 states in IDP settlements (Mingkaman, Aburoc), PoC sites (Bor, Bentiu, Juba) and in high-risk towns, where a total of 851,178 (75%) individuals 1 year and above had 1st dose and 472,407 (42%) had 2 doses of OCV.
- The Annual national cholera review meeting was held and reviewed the implementation of the response to document what worked well, the challenges, best practices, lessons learnt, and recommendations for improving future response.

### South Sudan

- Increase access to adequate amounts of safe water and appropriate sanitation
- Conduct cholera vaccinations in hotspot areas
- Engage community-based integrated emergency response teams in early detection
- Adopt standardized case management and infection prevention and control protocols
- Provide integrated training in WASH and health at treatment sites
- Provide infection-control materials at treatment sites
- Behaviour change that integrates WASH and Health messages
- Orientation of food handlers to adhere to public health standards

### Somalia

- UNICEF has prepositioned AWD kits targeting 11,200 people in the whole of Somalia.
- UNICEF supports case management, case education and social behavioural change through its implementing partners.

### Kenya

- Mapping of water sources, sewage blockage and outburst sites conducted in the hotspots
- Reinforcement of Public Health Law in the affected Counties
- Hygiene promotion and health education activities are being carried out with targeted provision of chemoprophylaxis for the members of the affected community.

### Uganda

- UNICEF in partnership with Uganda Red Cross, provided WASH supplies in affected districts and conducted social mobilization.
- Kasese and Kisoro districts each received 1 AWD kit.

- Training health workers from the private sector on case management
- Establishment of a community surveillance system
- Provide WASH interventions in Kasese and Kisoro districts
- Strengthen social mobilization
<table>
<thead>
<tr>
<th>Country Priorities</th>
<th>Response Interventions</th>
</tr>
</thead>
</table>
| **Zambia**                                                                        | - Provision of infection prevention protocols to all the CTCs/ CTUs  
- Improve case management  
- Intensify enforcement of law on food vending  
- Increase coverage of WASH interventions.  
- Provide WASH supplies and services (chlorine - liquid, granular; H2S, scaling up solid waste management; need to desludge latrines and provision of safe drinking water);  
- Provide medical and lab supplies                                                                                                                                                                      |
| **Mozambique**                                                                    | - Increase access to safe water. Untreated water from wells and rivers is still the main source of drinking water  
- Improve hygiene practices  
- Increase latrine coverage  
- Increase the IEC equipment: megaphones and their batteries                                                                                                                                               |
| **Malawi**                                                                        | - Multi-sectoral coordination at district level, with focus on capacity building of health personnel, supervision and monitoring of response  
- Drugs and other supplies for cholera response  
- Provision of training materials and guidelines                                                                                                                                                       |
| **Angola**                                                                        | - Infection control in CTCs and homes of patients  
- WASH supplies including; chlorine products, soap, water collection and storage containers, and portable latrines in CTCs  
- Training, supervision and mentoring of health workers in CTUs  
- Ensure quality case management in CTUs  
- Community health education  
- Promote construction and use of community latrines through CLTS                                                                                                                                    |
| **Tanzania**                                                                      | - Infection control in CTCs and homes of patients  
- WASH supplies including; chlorine products, soap, water collection and storage containers, and portable latrines in CTCs  
- Training, supervision and mentoring of health workers in CTUs  
- Ensure quality case management in CTUs  
- Community health education  
- Promote construction and use of community latrines through CLTS                                                                                                                                    |
| **Zambia**                                                                        | - In Karonga district UNICEF provided the following items;  
  - 20 sets of portable latrines, for use at CTCs  
  - HTH chlorine, soap, plastic sheeting and tarpaulin  
  - Water collection and storage containers  
  - Hand washing facilities  
  - 5000 sachets of ORS  
  - 3 boxes of gloves  
  - 20 pairs of gum boots  
  - 20 pairs of heavy duty gloves  
  - 5 rolls of adhesive tape  
  - 40 blankets and 1 tent.  
- In Nkhata Bay, UNICEF provided cholera treatment and prevention supplies  
- In Lilongwe, UNICEF erected a CTC and provided cholera treatment and prevention supplies                                                                                                                                 |
| **Mozambique**                                                                    | - The OCV campaign which was conducted between 10th to 14th January 2018, reached a total of 895,873 people  
- Contact tracing of all cases is ongoing  
- Case management  
- Provision of infection prevention protocols to all the CTCs/ CTUs  
- Improve case management  
- Intensify enforcement of law on food vending  
- Increase coverage of WASH interventions.  
- Provide WASH supplies and services (chlorine - liquid, granular; H2S, scaling up solid waste management; need to desludge latrines and provision of safe drinking water);  
- Provide medical and lab supplies  
- The Water sector in collaboration with Uvinza CHMT have disinfected all wells that were found to be contaminated. Also done is closing down those wells noted to be located where contamination from latrines was imminent |
| **Angola**                                                                        | - Multi-sectoral coordination at district level, with focus on capacity building of health personnel, supervision and monitoring of response  
- Drugs and other supplies for cholera response  
- Provision of training materials and guidelines  
- Infection control in CTCs and homes of patients  
- WASH supplies including; chlorine products, soap, water collection and storage containers, and portable latrines in CTCs  
- Training, supervision and mentoring of health workers in CTUs  
- Ensure quality case management in CTUs  
- Community health education  
- Promote construction and use of community latrines through CLTS                                                                                                                                 |
| **Tanzania**                                                                      | - Increase the number of health personnel responding to cholera  
- Provision of household water treatment tabs followed by appropriate messaging regarding usage and benefits  
- Advocacy and partnerships for resource mobilization  
- Capacity building of medical personnel on cholera case management  
- Follow up with communities on construction of toilets in the affected areas  
- A review of the National cholera response plan is ongoing  
- Community education and awareness raising regarding the prevention and control of Cholera through villages and Schools and local media outlets is ongoing in all cholera hotspots areas  
- Training and mentorship of health workers in case management, infection prevention and control is ongoing mainly done by the RRT that visits the outbreak areas  
- The Water sector in collaboration with Uvinza CHMT have disinfected all wells that were found to be contaminated. Also done is closing down those wells noted to be located where contamination from latrines was imminent |
| **Zambia**                                                                        | - Increase access to safe water. Untreated water from wells and rivers is still the main source of drinking water  
- Improve hygiene practices  
- Increase latrine coverage  
- Increase the IEC equipment: megaphones and their batteries  
- Infection control in CTCs and homes of patients  
- WASH supplies including; chlorine products, soap, water collection and storage containers, and portable latrines in CTCs  
- Training, supervision and mentoring of health workers in CTUs  
- Ensure quality case management in CTUs  
- Community health education  
- Promote construction and use of community latrines through CLTS  
- Cholera prevention and control messages were disseminated to affected communities through radio spots, mobile teams and IEC materials (50 albums about Hygiene and prevention; 1000 leaflets on hygiene promotion and 1000 Brochures on hand washing)  
- In Karonga district UNICEF provided the following items;  
  - 20 sets of portable latrines, for use at CTCs  
  - HTH chlorine, soap, plastic sheeting and tarpaulin  
  - Water collection and storage containers  
  - Hand washing facilities  
  - 5000 sachets of ORS  
  - 3 boxes of gloves  
  - 20 pairs of gum boots  
  - 20 pairs of heavy duty gloves  
  - 5 rolls of adhesive tape  
  - 40 blankets and 1 tent.  
- In Nkhata Bay, UNICEF provided cholera treatment and prevention supplies  
- In Lilongwe, UNICEF erected a CTC and provided cholera treatment and prevention supplies |

**Note:** The information provided is based on the content of the image.
Annex 1: Distribution of Cholera and AWD Outbreaks in the Horn of Africa and Challenges in Response - as from 1st January 2018

Kenya: Challenges
- Inadequate Cholera Management Logistics
- Lack of water sampling equipment and WASH diagnostics in most counties
- Most county laboratories are not well equipped to carry out water quality tests
- Cultural practices within some communities which promote open defecation

Uganda: Challenges
- Lack of political will to enforce by-laws on hygiene and sanitation
- Low coverage of pit latrines coupled with increased rainfall
- High attrition rate of health workers affects the process of building their capacities

Somalia: Challenges
- Despite decreasing epidemic trend, drivers of the current epidemic include limited access to safe water and poor sanitation in IDP settlements in all the affected regions

South Sudan: Challenges
- Inadequate funding for all sectors
- Limited access to affected areas
- Population displacements into crowded IDP camps and islands with limited humanitarian access to optimize interventions

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.

Creation date: 18 January 2018
Sources: Ministries of Health and WHO
Annex 2: Distribution of Cholera / AWD outbreaks in Southern Africa and Challenges in Response - as from 1st of January 2018

Challenges: Angola
- Continuous threat of transmission of cholera infections from Democratic Republic of Congo
- Limited access to safe water. Untreated water from wells and rivers is still the main source of drinking water
- Low sanitation coverage and poor hygiene practices

Challenges: Malawi
- Cross border movements between Tanzania and Malawi influence the evolution of outbreaks in Karonga district. The index case is reported to have come from a neighbouring district in Tanzania.

Challenges: Zambia
- The outbreak has spread to other districts outside of Lusaka
- Reduced number of trucks as some companies have withdrawn their equipment
- Some communities continue to utilize contaminated shallow wells as a source of water
- Inadequate megaphones for community education
- Lack of compliance among traders

Challenges: Mozambique
- Violence associated to cholera has been reported in Membda district (Current cholera hot spot) due to the perception that health professionals are spreading cholera when opening treatment centres. This is being mitigated through community dialogues led by religious leaders and district administrator

Challenges: Tanzania
- Limited number of agencies are involved in cholera response
- Some communities do not use the aqua tabs distributed to them because they don't like the taste and smell as well as misconception that the tabs might impair fertility
- Water is a major problem in most of the affected areas as well as low coverage of improved sanitation
- Delays in outbreak surveillance and reporting hence no proper measures are taken rapidly to curb the spread

Challenges: Burundi
- Breakdown of water supply system
- Cross border movements between Burundi and DRC
- Low Sanitation coverage
- Insufficient access to safe water in the city centre

Sources: Ministries of Health and WHO
## Annex 3: Weekly Reported Cholera / AWD Cases and Deaths for Countries in Eastern and Southern Africa

<table>
<thead>
<tr>
<th>Country</th>
<th>Week 1</th>
<th>Week 2</th>
<th>2018 Cumulative</th>
<th>Cumulative since the beginning of outbreaks</th>
<th>Beginning of outbreaks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>Deaths</td>
<td>Cases</td>
<td>Deaths</td>
<td>Cases</td>
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<td>Madagascar</td>
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<tr>
<td>South Africa</td>
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<tr>
<td><strong>TOTAL</strong></td>
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<td><strong>22</strong></td>
<td><strong>161,997</strong></td>
<td><strong>2,859</strong></td>
<td><strong>1.8</strong></td>
</tr>
</tbody>
</table>

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