Almost half of the countries in Eastern and Southern Africa region (ESAR) have been affected by cholera outbreaks since the beginning of 2019. More than 12,102 cholera / AWD cases including 51 deaths have been reported in 10 countries in the region, with an average Case Fatality Rate of 0.4%, since the beginning of 2019. These countries include; Angola, Burundi, Kenya, Malawi, Mozambique, Tanzania, Somalia, Uganda, Zambia and Zimbabwe. Mozambique accounts for 58.1% (7,034) of the total case load reported this year, followed by Kenya at 23% (2,789).

Currently 5 out of the 10 countries with reported cholera / AWD outbreaks in ESAR since week 1 of 2019, have active transmission and they include; Kenya, Somalia, Tanzania, Mozambique and Zambia. During the week under review, Kenya reported the highest number of new cases (188 cases including 2 deaths), followed by Somalia (133 cases) and Tanzania (115 cases including 1 death). Of the countries with active transmission, overall Zambia has recorded the highest Case Fatality Rates (CFR) in 2019 at 2.4%.

Kenya: An increase in the epidemic trend has been noted over the last 9 weeks (from epidemiological week 15 to 23), with an average weekly incidence of 174 cases. For instance, during week 23 (week ending 9 June 2019), 188 new cases including 2 deaths (CFR, 1.1%) were reported compared to 284 cases including 3 deaths (CFR, 1.1%) reported in week 22 (week ending 2 June 2019). New cases emerged from the following three Counties: Garissa (103), Nairobi (76) and Kajiado (9). Cumulatively, since January 2019, a total of 2,789 cases including 19 deaths (CFR, 0.7%) have been reported from nine Counties (Narok, Kajiado, Nairobi, Garissa, Mandera, Machakos, Embu, Wajir and Mombasa). High risk areas are characterized by unavailability of potable water, poor sanitation and hygiene practices and the situation is likely to be exacerbated in view of the current long rains.

Somalia: The outbreak has been on an increasing trend in the month of May 2019, from 47 cases in epidemiological week 18 (week ending 5 May 2019) to 133 cases in epidemiological week 22. All new cases reported in week 22 (133 cases) emerged from Banadir region. Cumulatively a total of 1,203 cases with no deaths have been reported since the beginning of 2019. Children under five years bear the brunt of the cholera outbreak, representing 77% of the total case load reported in week 22. Overall (from week 1 to 22, 2019), the most affected districts in Banadir include; Hodan (137; AR 0.1), Madina (135; AR 0.2) and Daynile (125; AR 0.21).

Tanzania: A new outbreak started in Dar es Salaam city during epidemiological week 21 (week ending 26 May 2019). Since then a total of 165 cases including 2 deaths (CFR, 1%) have been reported in this city, as of 13 June 2019. Cumulatively, a total of 33,702 cases including 556 deaths were reported in the United Republic of Tanzania since August 2015.

Mozambique: The cholera outbreak is on a downward trend following the effective cholera vaccination campaign. During week 22, 19 new cases were reported compared to 39 cases reported in week 21. This raises the total number of cholera cases reported since the declaration of the cholera outbreak on 27 March 2019 to 7,034 including 8 deaths (CFR, 0.1%). These cumulative number includes; 6,768 cases and eight deaths reported from the Cyclone Idai affected districts (Beira, Buzi and Nhamatanda) in Sofala Province; and 266 cases reported from Cyclone Kenneth affected districts (Metuge, Mecufi and Pemba city) in Cabo Delgado province. A decrease in the number of sites reporting cholera outbreaks has been noted. Out of 3 sites (Pemba, Mecufi and Metuge districts) with reported cholera outbreaks in Cabo Delgado, Mecufi did not report new cases in week 22. In Sofala, out of 4 sites (Beira, Dondo, Buzi and Nhamatanda districts) with reported cholera outbreaks, only Nhamatanda district reported new cases in week 22.

Zambia: A decline in the epidemic trend has been noted in the last two weeks. During week 22, 19 new cases were reported compared to 56 cases reported in week 21. All new cases emerged from Northern province. Cumulatively a total of 417 cases including 10 deaths have been reported since the beginning of 2019.
### Country Priorities and Response Interventions

**Kenya**

- Carry out the following measures in affected counties:
  - Sustain risk communication in the affected communities
  - Heighten surveillance activities; contact tracing and prophylaxis of the contacts, active case search and water quality surveillance
  - Continue with household water treatment
  - Put in place requisite preventive measures in high-risk counties including water quality surveillance, hygiene promotion, enforcement of the relevant Public Health Laws and capacity building of all sectors on multisectoral cholera control
  - Provide logistical support for the national Emergency Preparedness and Response officers to give technical support to county teams

**Kenya**

- Increase access to WASH services in affected areas
- Water quality monitoring and surveillance
- Hygiene promotion / mobilisation for improved behavioural practices

**Zambia**

- Heighten surveillance activities; contact tracing and prophylaxis of the contacts, active case search and water quality surveillance
- Increase access to WASH services in affected areas
- Water quality monitoring and surveillance
- Hygiene promotion / mobilisation for improved behavioural practices

**Mozambique**

- Ensure WASH intervention particularly in resettlement sites and areas previously affected by flood
- Ensure social mobilization and communication for cholera prevention and control
- Strengthen facility level and community level disease surveillance system and response (IDSR)
- Plan and conduct second round of OCV campaign in Sofala and Cabo Delgado
- Enhance coordination of interventions

**Response Interventions**

**Kenya**

- The national government in conjunction with implementing partners continue to support affected counties with cholera supplies (Cholera beds, water treatment chemicals, oral rehydration salts, antibiotics, intravenous fluids, water quality test kits, personal protective equipment and spray pumps)
- Cholera treatment centers have been operationalized in the affected areas to support timely treatment of cases and minimize further spread of the disease
- County health promotion teams are conducting health education through; health talks; distribution of IEC materials and meetings with local hospitality business owners
- County health departments are conducting contact tracing in households and workplaces, continuous line-listing of cases, and screening via rapid diagnostic test kits and providing chemoprophylaxis to the contacts to limit spread and curtail the outbreak
- Households with affected cases are being disinfected
- Ongoing water sanitation and hygiene activities including distribution of chlorine tablets for household water treatment
- The National Public Health Laboratories (NPHL) continue to support case detection by supply of RDTs to counties and case confirmation by culture and sensitivity testing at national level

**Zambia**

- UNICEF supported the MoH to procure 136,840 OCV doses and offered technical support to plan the campaign to administer the vaccine in Mpulungu district. The OCV campaign started on 22 May 2019 and as of 12 June 2019, 89% of the targeted population of 130,743 had been vaccinated and the campaign is on-going.
- UNICEF provided assorted WASH supplies and consumables including chlorine (liquid and granular) for water treatment and general disinfection purposes for approximately 163,000 people in Nsama and Mpulungu (Northern Province)
- Through UNICEF support, the Zambia Red Cross Society (ZRCS) is currently undertaking hygiene promotion/community sensitization interventions targeting approximately 40,000 people in Mpulungu
- As part of resilience building within Nsama, UNICEF in partnership with World Vision Zambia is currently undertaking the rehabilitation of 14 boreholes, and separately, through partnership with Government of the Republic of Zambia (GRZ), is in the process of implementing sanitation and hygiene interventions
- As part of support to GRZ, UNICEF and World Vision have prioritized to undertake a WASH sector rapid assessment in Mpulungu this month (June 2019), whose findings will inform medium to longer term WASH response actions

**Mozambique**

- Disease surveillance
  - EWARS has been established and with daily reporting with support of WHO
- Case Management
  - 3 CTCs were established in the following areas: In Pemba, a CTC with 45-bed capacity was established at Eduardo Mondlane Health Center; In Mecufi district a 16-bed capacity CTC was established; and in Metuge district a 20-bed capacity CTC was established
  - AWD kits were provided by UNICEF
- WASH
  - 10,000 bottles of water purification solution CERTEZA were distributed at household level in most affected neighbourhoods
- Social mobilization
  - Community volunteers were trained to conduct social mobilization
  - Behavior change through radio debates was conducted
  - Multimedia mobile units were organized and disseminated information on cholera prevention and OCV
<table>
<thead>
<tr>
<th>Country Priorities</th>
<th>Response Interventions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Malawi</strong></td>
<td>• Currently, the focus of mobile teams has shifted to host communities and hard to reach places where people are returning from IDP camps. All interventions will go on until end of June 2019, when the mobile teams will be phased out</td>
</tr>
<tr>
<td>- Building the capacity of local District Health Officers on surveillance</td>
<td></td>
</tr>
<tr>
<td>- Prepositioning of supplies for cholera response</td>
<td></td>
</tr>
<tr>
<td>- More health supplies for regular programming are needed to be provided to flood affected districts, as they have depleted their stocks while responding to emergency mobile clinics</td>
<td></td>
</tr>
<tr>
<td>- Provide OCV doses for planned OCV campaign in targeted districts affected by the cholera outbreak</td>
<td></td>
</tr>
<tr>
<td><strong>Tanzania</strong></td>
<td>• 355 wards were visited in Tanga region and each provided with Chlorine tabs for water treatment. Environmental inspection was conducted together with close follow-up on new cases and contact tracing</td>
</tr>
<tr>
<td>- Deliver clean and safe water in areas affected by cholera</td>
<td>• Ongoing social mobilization on cholera prevention and control in Tanga city through Radio and Television</td>
</tr>
<tr>
<td>- Provide chlorine for bulky/general water treatment before distribution to communities</td>
<td>• Ongoing water sampling, laboratory testing and disinfection of water wells used by the community from the affected areas</td>
</tr>
<tr>
<td>- Follow up closely with communities on construction of toilets in the affected areas and ensure adherence to by-laws</td>
<td></td>
</tr>
<tr>
<td>- Capacity building of medical personnel on proper handling of cholera cases</td>
<td></td>
</tr>
<tr>
<td>- Increase the number of various cadres of health personnel (from the community level to higher levels of the health system) in affected areas</td>
<td></td>
</tr>
<tr>
<td>- Delivery of clean and safe water in areas affected by cholera</td>
<td></td>
</tr>
<tr>
<td><strong>Somalia</strong></td>
<td>• UNICEF is supporting the construction of a new CTC within Banadir hospital</td>
</tr>
<tr>
<td>- Priority area for response is Banadir, in particular the districts of Medina, Daynile, Dharkenley and Hodan</td>
<td>• UNICEF provided essential supplies for AWD patients, including ORS for the treatment of up to 5,600 people</td>
</tr>
<tr>
<td>- Provide adequate supplies for the treatment of affected patients to Banadir hospital</td>
<td></td>
</tr>
</tbody>
</table>
Annex 2a: Epi Curves for Countries with Reported Cholera Outbreaks in 2019
Annex 2b: Epi Curves for Countries with Reported Cholera Outbreaks in 2019

TANZANIA

ZAMBIA

UGANDA

ANGOLA
Annex 2C: Epi Curves for Countries with Reported Cholera Outbreaks in 2019

Overall (as of 15 June 2019), more cholera cases emerge from urban areas (76.3%; 7,914) as compared to rural areas (23.7%; 2,464). This is according to an analysis of cholera cases reported since the beginning of 2019 from seven countries (Angola, Kenya, Malawi, Mozambique, Tanzania, Uganda and Zimbabwe). Of the total number of cases reported in urban areas (7,914), Mozambique accounts for the majority (85.3%; 6,748), followed by Kenya (11.1%; 879), Tanzania (2.7%; 214), Uganda (0.7%; 53), Angola (0.2%; 19), and Zimbabwe (0.01%; 1). All cases reported in Uganda (53) and Angola (19) emerged from urban areas. Apart from Mozambique, Tanzania, Uganda and Angola; collectively, the remaining three countries (Kenya, Zimbabwe and Malawi) have more cholera cases emerging from rural areas (69.6%; 2,011) as compared to urban areas (30.4%; 880).

These high number of cholera cases in urban areas highlights the importance and urgency to be better prepare for cholera response in cities and urban centres. Within the framework of the WASH cholera 5-tiered strategy developed by MSF and endorsed by the GTFCC WASH WG, the role of the Rapid Response Team (RRT) is critical in delivering a targeted and rapid response to cholera alerts. It consists in #1: a complete WASH package of immediate interventions at the household of the suspected case or infected person, ideally the same day of the case admission at a CTC; #2: a complete WASH package of interventions for the neighborhood around the suspected or actual cholera case, in line with the “ring strategy” of the 5-tiered approach.

A presentation by the GTFCC WASH WG on the 28th of May also highlighted the efficiency and effectiveness of the RRT in urban settings of Port-au-Prince (Haiti), Harare (Zimbabwe) and more recently in Beira (Mozambique)- specifically the Case-Area Targeted Interventions (CATI approach) implemented by the RRT. A link to the presentation is available here: http://plateformecholera.info/attachments/article/857/RRT%20Webinar%20WCARO-ESARO-EN.ppt

The RRT approach is also very well illustrated and explained in the following video produced by UNICEF Haiti: https://www.youtube.com/watch?v=8nVoCS211_U

<table>
<thead>
<tr>
<th>Country</th>
<th>Urban Cases</th>
<th>Rural Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya</td>
<td>879</td>
<td>1910</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>1</td>
<td>78</td>
</tr>
<tr>
<td>Uganda</td>
<td>53</td>
<td></td>
</tr>
<tr>
<td>Angola</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Tanzania</td>
<td>214</td>
<td>167</td>
</tr>
<tr>
<td>Malawi</td>
<td>23</td>
<td></td>
</tr>
<tr>
<td>Mozambique</td>
<td>6748</td>
<td>286</td>
</tr>
</tbody>
</table>

Urban - Rural Distribution of Cholera Cases
Challenges: Zambia
- Inadequate access to safe, reliable water supply, and sanitation facilities within affected districts
- Poor hygiene practices
- Poor access to some of the affected communities

Challenges: Mozambique
- Inadequate water supply, treatment and sanitation in affected areas
- Most health facilities were destroyed as a result of the cyclone, and are currently being rehabilitated to meet minimal package of services

Challenges: Tanzania
- There are limited number of staff to support in the response at all levels (case management at CTCs and prevention)
- Cultural practices/rituals that promote the transmission of cholera

Legend
Status of outbreak
- Outbreak active
- Outbreak contained
- No outbreak reported

Cholera / AWD Cases
- New cases
- Cumulative cases 2019

Sources: Ministries of Health and WHO
Annex 4: Distribution of Cholera and AWD Outbreaks in the Horn of Africa and Challenges in Response - as from 1 of January 2019

Kenya: Challenges
- Limited resources for surveillance and rapid response by county teams
- Limited resources for community engagement
- Poor case management and inadequate infection prevention and control measures
- Inadequate engagement of other sectors such as water, education and the local government
- Weak enforcement of public health laws

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

<table>
<thead>
<tr>
<th>Country</th>
<th>Week 21</th>
<th>Week 22</th>
<th>Week 23</th>
<th>2019 Cumulative</th>
<th>2018 Cumulative</th>
<th>2017 Cumulative</th>
<th>Cumulative since the beginning of the outbreak</th>
<th>Beginning of Outbreaks</th>
<th>Status of the outbreak</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cases</td>
<td>Deaths</td>
<td>Cases</td>
<td>Deaths</td>
<td>Cases</td>
<td>Deaths</td>
<td>Cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mozambique</td>
<td>39</td>
<td>0</td>
<td>19</td>
<td>0</td>
<td>7034</td>
<td>8</td>
<td>863</td>
<td>5</td>
<td>Mar-19</td>
</tr>
<tr>
<td>Kenya</td>
<td>174</td>
<td>0</td>
<td>284</td>
<td>3</td>
<td>2789</td>
<td>19</td>
<td>5,782</td>
<td>78</td>
<td>Jan-19</td>
</tr>
<tr>
<td>Somalia</td>
<td>78</td>
<td>0</td>
<td>133</td>
<td>0</td>
<td>1203</td>
<td>0</td>
<td>6,447</td>
<td>45</td>
<td>Jan-19</td>
</tr>
<tr>
<td>Zambia</td>
<td>56</td>
<td>0</td>
<td>195</td>
<td>0</td>
<td>417</td>
<td>10</td>
<td>4,127</td>
<td>55</td>
<td>Mar-19</td>
</tr>
<tr>
<td>Tanzania</td>
<td>29</td>
<td>1</td>
<td>21</td>
<td>0</td>
<td>381</td>
<td>6</td>
<td>4,688</td>
<td>84</td>
<td>Aug-15</td>
</tr>
<tr>
<td>Burundi</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>104</td>
<td>1</td>
<td>1,012</td>
<td>1,012</td>
<td>Dec-18</td>
</tr>
<tr>
<td>Zimbabwe</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>79</td>
<td>4</td>
<td>10,807</td>
<td>71</td>
<td>Sep-18</td>
</tr>
<tr>
<td>Uganda</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>53</td>
<td>3</td>
<td>2,699</td>
<td>60</td>
<td>Dec-18</td>
</tr>
<tr>
<td>Angola</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>19</td>
<td>0</td>
<td>1,262</td>
<td>18</td>
<td>Sep-18</td>
</tr>
<tr>
<td>Malawi</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>23</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Feb-19</td>
</tr>
<tr>
<td>Rwanda</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>Jan-18</td>
</tr>
<tr>
<td>South Sudan</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td>12,102</td>
<td>51</td>
<td>37,565</td>
<td>443</td>
<td>109,445</td>
<td>1709</td>
<td>56,491</td>
<td>670</td>
<td></td>
</tr>
</tbody>
</table>

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