10 out of the 21 countries in Eastern and Southern Africa Region (ESAR) have reported more than 36,257 cholera / AWD cases and 425 deaths (Case Fatality Rate, 1.2%), since the beginning of 2018. These countries include: Angola, Kenya, Malawi, Mozambique, Rwanda, Somalia, Tanzania, Uganda, Zambia and Zimbabwe. Zimbabwe accounts for 28.5 % (10,318) of the total case load reported this year, followed by Somalia at 17.2% (6,225).

Out of the 10 countries with reported cholera/ AWD outbreaks this year in ESAR, 4 (Zimbabwe, Angola, Somalia and Tanzania) have ongoing cholera outbreaks. During the week under review, Zimbabwe reported the highest number of new cases (81 cases). Of the four countries with active transmission, Tanzania has recorded the highest CFR (at 1.9%) in 2018.

Zimbabwe: The weekly number of cases continue to show a downward trend since week 42. During week 46 (week ending 18 November 2018), 81 new cases were reported compared to 94 cases reported in week 45 (week ending 11 November 2018). All new cases emerged from Harare. Cumulatively, a total of 10,318 cases including 61 deaths have been reported in 2018. Majority of these cases (98.3%, 10,141) and deaths (90%, 55) have been reported since the beginning of the new wave of the outbreak on 5 September 2018.

Angola: A new wave of cholera outbreak is hitting Uige, since week 38 (week ending 23 September 2018). From the onset of this outbreak, 139 cases including 2 deaths have been reported, as of epidemiological week 46. Cumulatively, 1,091 cases including 17 deaths (CFR 1.6%) have been reported since the beginning of 2018.

Tanzania: An decline in the epidemic trend has been noted. During week 45, 16 new cases were reported compared to 47 cases reported in week 44 (week ending 4 November 2018). All new cases emerged from Ngorongoro district in Arusha region. Cumulatively a total of 32,996 cases including 548 deaths have been reported in Tanzania mainland, as from August 2015. Of these, a total of 4,365 (13.2%) cases and 82 (15%) deaths have been reported since the beginning of 2018.

Somalia: During week 44, 19 new cases including 1 death (CFR, 5.3%) were reported from Banadir Region compared to 22 cases reported in week 43 (28 October 2018). Cumulatively a total of 6,630 cases including 43 deaths have been reported, as from December 2017. Of these, a total of 6,225 (93.9%) cases and 42 (97.7%) deaths have been reported since the beginning of 2018.

Analysis of Cholera Cases by Residence (As from 1 January 2018)

More cholera cases emerge from urban areas as compared to rural areas. An analysis of cholera cases reported in 2018 from six countries (Angola, Kenya, Mozambique, Malawi, Uganda and Zimbabwe) reveals that overall, urban areas account for 68.6% (14,779 cases) of the total caseload while rural areas account for 31.4% (6,758 cases). Zimbabwe accounts for the highest number of cases (5525, 81.8%) in rural areas, followed by Uganda (15.6%, 2307). However it’s a contrasting scenario for Kenya and Malawi, reporting higher cases in rural than urban areas, with Kenya reporting the highest number of cases (5525, 81.8%) in urban areas.
<table>
<thead>
<tr>
<th>Country Priorities</th>
<th>Response Interventions</th>
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</thead>
<tbody>
<tr>
<td><strong>Zimbabwe</strong></td>
<td></td>
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<tr>
<td>- Targeted hygiene kit distribution in affected areas. This will be complemented through surveillance at health facility level and access to the line lists</td>
<td>• An additional 1,392 families received hygiene kits in Mbare in the past week, giving a cumulative 14467 families, comprising of soap for hand washing, point of use water treatment and IEC materials.</td>
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<tr>
<td>- Supporting and strengthening case investigation teams in the epicenter</td>
<td>• A total of 8 case investigation teams were activated – 6 in Glenview Budiriro and 2 in Mbare.</td>
</tr>
<tr>
<td>- Water point repairs/rehabilitation and equipping with inline chlorinators including temporary bucket chlorination of some water points</td>
<td>• 20 bucket chlorination points activated (10 in Mbare and 10 in Glenview/ Budiriro)</td>
</tr>
<tr>
<td>- Promoting food hygiene and proper hand-washing in public places, markets, bus terminuses and churches</td>
<td>• More than 450,000 people reached with key health and hygiene messages in cholera affected areas. A total of 900 CHVs trained, with 240 school health masters and 153 church leaders.</td>
</tr>
<tr>
<td>- Strengthening health and hygiene awareness in institutions (schools, churches). More than 100 schools in high risk areas are prioritized to receive WASH interventions through various partners</td>
<td>• 250,000 people reached with safe water through water trucking (private companies) and distribution of household water treatment chemicals by partners and repair of 23 boreholes in the affected areas</td>
</tr>
<tr>
<td>- Advocating for provision of adequate water treatment chemicals and repair of critical water pumping infrastructure to ensure continuous supply of safe water</td>
<td>• The Oral Cholera vaccination campaign was completed for both Phase 1 and Phase 2 in 15 suburbs of Harare administering about 1,296,270 reaching 86% of the targeted population</td>
</tr>
<tr>
<td>- Pre-position Emergency WASH stock in high risk areas and provinces</td>
<td>The following activities were conducted by the Health Provincial Department and integrated team from Central government (Uige):</td>
</tr>
<tr>
<td>- Strengthen community based surveillance in hot spot districts</td>
<td>• 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</td>
</tr>
<tr>
<td><strong>Angola</strong></td>
<td></td>
</tr>
<tr>
<td>- Reinforce National, provincial and municipal coordination and information management mechanisms, including better coordination between different sectors of intervention</td>
<td>• Cholera prevention and mobilization activities with religious and traditional leaders in Uige municipality</td>
</tr>
<tr>
<td>- Cholera prevention and mobilization activities at community level in Uige’s affected municipalities</td>
<td>• Distribution of aqua tabs in affected neighborhoods</td>
</tr>
<tr>
<td>- Training on cholera prevention and mobilization as well as case management for health staff in the affected provinces</td>
<td>• Broadcasting of radio spots and daily programme on cholera prevention and response in different national languages</td>
</tr>
<tr>
<td>- WASH technical support throughout the country, with a special focus on Uige</td>
<td>• 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</td>
</tr>
<tr>
<td><strong>Tanzania</strong></td>
<td></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>• MoHCDGEC, MoWi and PO-RALG met in Dodoma and developed an action plan for improving safe water supply in Ngorongoro which will be shared in the next National Task Force meeting taking place on 16 of November</td>
</tr>
<tr>
<td>- Capacity building of medical personnel on proper handling of cholera cases</td>
<td>• The District health team in collaboration with Ngorongoro Conservation Authority (NCA) has continued to provide health education on Cholera prevention and control as well as delivery of water through water trucking during the reporting week</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>• Social mobilization through community radio was conducted targeting provinces with cholera hotspots</td>
</tr>
<tr>
<td>- Delivery of clean and safe water in areas affected by cholera</td>
<td>• 2000 copies of cholera treatment manuals and case management algorithms were printed</td>
</tr>
<tr>
<td><strong>Mozambique</strong></td>
<td></td>
</tr>
<tr>
<td>Current preparedness and prevention interventions include;</td>
<td>• Distribution of 190,000 bottles of water purification solution (CERTEZA) in all provinces, to benefit families in need of water treatment (2 bottles for 2 months).</td>
</tr>
</tbody>
</table>
Annex 1: Distribution of Cholera / AWD outbreaks in Southern Africa and Challenges in Response - as from 1 of January 2018

Challenges: Zimbabwe
- Municipal Water Supply remains erratic in Harare
- Illegal vending of foodstuffs at the shopping centers resurfaced
- There are still gaps in the supply of water treatment chemicals for local authorities, including Harare

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
- In Ngorongoro, settlements are sparsely located within the conservancy making it difficult to provide services like safe drinking water hence populations use the same water used by their animals/wild animals.
- 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

*Cases presented for Zambia refers to cumulative cases reported in 2018 from all the affected districts

Creation date: 19 November 2018
Annex 2: Distribution of Cholera and AWD Outbreaks in the Horn of Africa and Challenges in Response - as from 1 of January 2018

Somalia: Challenges

- 54.4% and 41.8% of cases and deaths reported respectively by affected districts are children under the age of five. From Epidemiological week 1 to week 44 in 2018, a total of 3,384 cases including 18 deaths (CFR, 0.5%) have been reported among children under the age of five (Source, WHO).

- Cholera endemic areas have been and are still being affected by floods. These areas include; South West, Jubbaland and Hirshabelle State. These areas also have a high concentration of refugees with limited access to water and sanitation making them vulnerable to outbreaks of cholera and other epidemic prone diarrhoeas.

- Overall, case fatality rate for all Banadir districts is 0.8%. Daynile (2%) and Hamar Jaba (0.6%) districts of Banadir continues to record highest CFR as compared to other districts.
Annex 3: Epi Curves for Countries with Active Cholera Outbreaks Currently

Zimbabwe

Somalia

Tanzania

Angola
# Annex 4: Weekly Reported Cholera / AWD Cases and Deaths for Countries in Eastern and Southern Africa

<table>
<thead>
<tr>
<th>Country</th>
<th>Week 42</th>
<th>Week 43</th>
<th>Week 44</th>
<th>Week 45</th>
<th>Week 46</th>
<th>2018 Cumulative</th>
<th>Cumulative since the beginning of the outbreak</th>
<th>Beginning of Outbreaks</th>
<th>Status of the outbreak</th>
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<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>Deaths</td>
<td>CFR (%)</td>
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<td>199</td>
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<td>116</td>
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<td>81</td>
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<td>0</td>
<td>19</td>
<td>1</td>
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<td>Namibia</td>
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<td>Madagascar</td>
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<td>Swaziland</td>
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<td>Botswana</td>
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<td>TOTAL</td>
<td>36,257</td>
<td>425</td>
<td>1.2</td>
<td>86,723</td>
<td>1,237</td>
<td>1.4</td>
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</tbody>
</table>

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