



### Highlights

- 3 Cholera cases reported in Chiredzi
- 2 202 malaria cases and 1 death reported countrywide
- No Typhoid cases reported
- 5571 cases of Chikungunya reported in Congo
- 8 suspected case of H1N1 reported in Namibia
- Measles Addendum

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## A. General context

In Zimbabwe, cholera cases continued to be reported up to week 25 of 2011, having spilled over from 2010.

Since week 45 of 2010, no new confirmed measles cases have been reported, and the situation is being closely monitored.

Malaria outbreaks have been reported in seven districts as at 12 April and high malaria cases continue to be reported in some parts of the country.

Within the region, Rift Valley Fever has been reported in Namibia and South Africa, Viral Haemorrhagic Fever and measles in DRC and cholera in Mozambique and Zambia.

## B. Epidemic prone diseases

### Cholera

Since the beginning of 2011, ten out of the 62 districts, namely: Bikita, Buhera, Chimanimani, Chegutu, Chipinge, Chiredzi, Kadoma, Murewa, Mutare and Mutasa, have reported cholera

Figure 1: Cumulative Cholera cases, Jan – June 2011

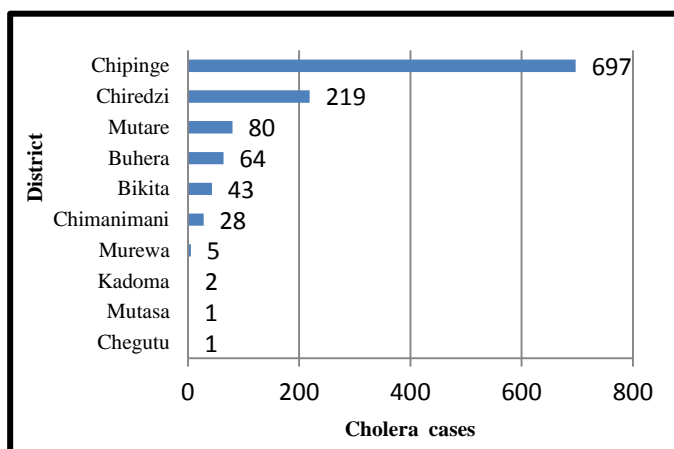
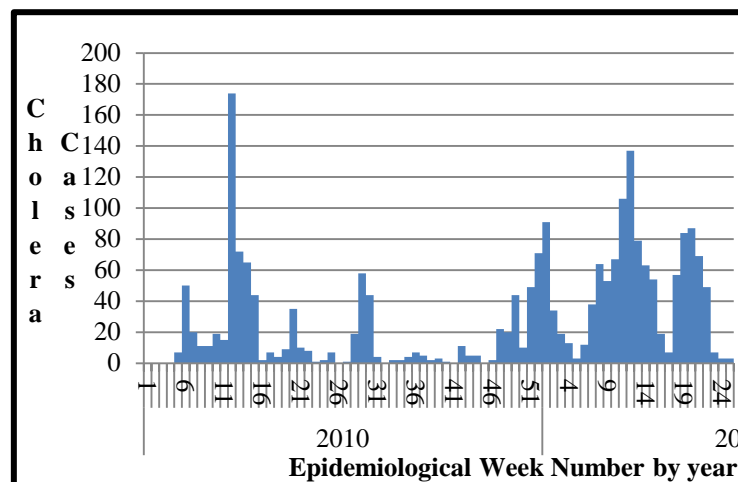


Figure 2: Zimbabwe Cholera Epi-curve, Week 5, 2010 to Week 25, 2011



cases. A total of 1140 cholera cases and 45 deaths were reported by the 26<sup>th</sup> June 2011, giving a crude case fatality rate of 4.0%. Of the total reported cases, 320 were confirmed positive by laboratory tests. Majority of cases 870 (76%) were reported from Manicaland province where 697 (80%) of the cases were reported from Chipinge.

Chiredzi and Chipinge districts reported cholera cases in the previous 3 weeks (week 22-24). Surveillance continued in all districts.

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## Antibiotic sensitivity

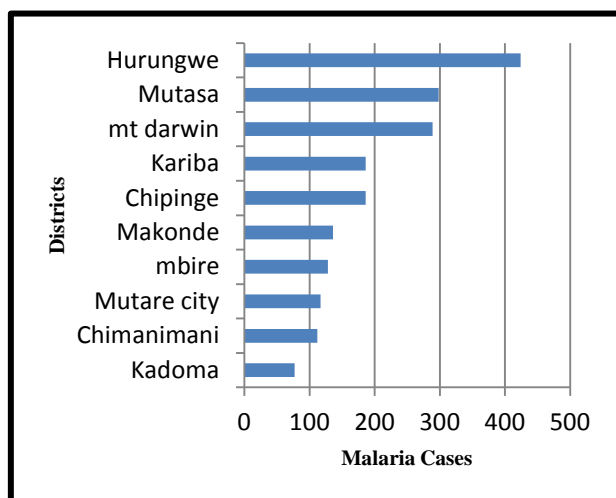
Cholera drug sensitivity tests done show that the following drugs: Tetracycline (doxycycline), ciprofloxacin and ceftriaxone are still sensitive.

## Week 25 (20 -26 June 2011)

Three new cases of cholera were reported from Chiredzi.

## Malaria

**Figure 3: Top 10 districts which reported Malaria Cases, week 25, 2011**



As of week 25, a total of 125 041 malaria cases were reported including 183 deaths, giving a case fatality rate of 0.14%. All provinces have been affected.

## Week 25 (20 -26 June 2011)

A total of 2 202 malaria cases were reported of which 430 were reported among children under five year olds. Ten districts namely: Chipinge, Chimanimani, Mutasa, Makonde, Mbire, Mt Darwin, Hurungwe, Mutare, Kariba, and

Kadoma accounted for 89% of the malaria cases reported in week 25. Provinces that reported the highest number of malaria cases were Mashonaland West (886) followed by Manicaland(719.)

One death was reported from Harare Central Hospital

## Typhoid

No typhoid cases were reported this week. A total of 9 suspected typhoid cases have been reported from Harare Central Paediatric Hospital since the beginning of the year.

## C. Events of public health importance within SADC

### Congo

A total of 5571 cases of Chikungunya have been reported by 18 June. 341 new cases have been reported from the administrative area of Brazzaville. 75% of all cases so far were reported from Brazzaville.

### Mozambique

Cholera cases have been reported since early January. Five provinces have been affected namely: Nampula, Manhica, Cabo Delgado, Maputo Cidade and Maputo. As of 1<sup>st</sup> May 2011, a cumulative total of 1078 cases and 4 deaths (CFR: 0.4%) were reported. MOH has distributed 18000 units of certza (Water chlorination) in Maputo cidade. Surveillance and alert systems are being strengthened. Standard case management protocols are being implemented and control measures put into place. WHO and other partners are supporting national authorities in their efforts to control the outbreak. A multisectoral task force with members from the health cluster, WATSAN, education and NGOs has been established to support national efforts.

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## Namibia

A case of Rift Valley Fever has been reported in the Hardap region of Namibia. A team from the Ministry of Health and WHO country office are conducting field investigations. More detailed information will be provided after the preliminary investigations.

Incoming information from the Ministry of Health and Social Services indicates that Eight suspected cases of H1N1 have been reported from Wallis Bay district of Namibia. Additional information will be posted as soon as it becomes available.

## South Africa

### *Rift Valley Fever*

There has been an escalation in human RVF cases in recent weeks. From 1<sup>st</sup> January 2011 to 10<sup>th</sup> May 2011, 27 laboratory-confirmed human RVF cases were reported by NICD. No death was recorded. Most of cases were reported among farming community (n=21, 78%), veterinary (n=3, 11%) or hunting (n=2, 7%) sectors. The Department of Agriculture, Forestry and Fisheries has also confirmed 21 RVF cases among animals this year. The following provinces had been affected Western Cape, Eastern Cape and Northern Cape .

## D. Preparedness

### *Cholera*

### *National*

The case management training on epidemic prone diarrhoeal diseases including cholera was held in Kadoma City from 22 to 23 June 2011. A total of 25 health workers drawn from the Ministry of Health and Child Welfare attended the training.

The next Rapid Response Teams orientation training will be held from 04 to 07 July 2011 in Kariba and from 12 to 14 July 2011 in Bulawayo City

## E. Timeliness and completeness of data

The completeness and timeliness of this week's surveillance is 66% and 57% respectively.

## F. Acknowledgements

We are very grateful to health workers from facility to district and provincial level for sharing surveillance data. In particular, we recognise those who share complete data on time.

We acknowledge members of the Health and WASH clusters who share their data with our team. MoHCW recognizes the efforts made by NGOs and other partners that are providing support to them. Information on **events of public health importance occurring within SADC** is consolidated from the WHO daily summary of health events.

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## Annex 1:

**Table 1: Comparison of cholera cases and deaths of 2010 with those of 2011, Zimbabwe, as of week 24**

District	2010		2011		Total Cases	Total Deaths
	Cases	Deaths	Cases	Deaths		
Beitbridge	17	0	0	0	17	0
Bikita	9	1	43	1	52	2
Bindura	2	0	0	0	2	0
Buhera	130	0	64	0	194	0
Chegutu	32	2	1	0	33	2
Chimanimani	66	0	28	13	94	13
Chipinge	39	2	697	20	736	22
Chiredzi	54	2	219	9	267	11
Chivi	13	0	0	0	13	0
Harare	4	0	0	0	4	0
Hurungwe	171	5	0	0	171	5
Kadoma	160	5	2	0	162	5
Makonde	3	0	0	0	3	0
Mangwe	1	0	0	0	1	0
Masvingo	10	1	0	0	10	1
Mt Darwin	11	1	0	0	11	1
Murewa	0	0	5	2	5	2
Mutare	206	2	80	0	286	2
Mutasa	0	0	1	0	1	0
Mwenezi	5	0	0	0	5	0
UMP	4	1	0	0	4	1
<b>Total</b>	<b>937</b>	<b>22</b>	<b>1140</b>	<b>45</b>	<b>2071</b>	<b>67</b>

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## Annex 2: Standard case definitions and alert/action epidemic thresholds

### 1. Cholera Standard Case Definition

#### *Suspected case:*

In an area where there is no cholera, any person aged five years or more, presenting severe dehydration or death from acute watery diarrhoea

In an area where there is a cholera epidemic, any person aged two years or more presenting with acute watery diarrhoea, with or without vomiting.

#### *Confirmed case:*

A suspected case in which *Vibrio cholerae* sero-groups O1 or O139 has been isolated in the stool.

*NB: All suspected cases under the age of two years must be confirmed.*

The inclusion of all ages in the case definition somewhat reduces specificity, that is, inclusion of more non-cholera childhood diarrhoea cases (mainly those below 5 years). It 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.

### 2. Malaria Standard Case Definition

#### *Uncomplicated malaria*

Any person living in area at risk of malaria or with a history of travel to a malaria prone area, with fever or history of fever within 24 hours; with headache, back pain, chills sweats, myalgia, nausea and vomiting, without signs of severe disease (vital organ dysfunction) is diagnosed clinically as uncomplicated malaria.

#### *Confirmed uncomplicated malaria*

Any person with fever or history of fever within 24 hours; with headache, back pain, chills sweats, myalgia, nausea and vomiting, without signs of severe disease and with laboratory confirmation of diagnosis by malaria blood film or rapid diagnostic test for malaria parasites.

#### *Unconfirmed severe malaria*

Any patient living in area at risk of malaria or with a history of travel to a malaria prone area, hospitalised with severe febrile disease with accompanying vital organ dysfunction diagnosed clinically

#### *Confirmed Severe malaria*

Any patient hospitalized with *P. falciparum* asexual parasitaemia as confirmed by laboratory tests with accompanying symptoms and signs of severe disease (vital organ dysfunction) diagnosed through laboratory.

#### *Malaria with severe anaemia*

Any child aged 2 months to 5 years with malaria and, if an outpatient with severe palmar pallor, or if an inpatient, with a laboratory test confirming severe anaemia. (NOTE: young infants less than 2 months are usually classified as serious bacterial infection and referred for further evaluation.)

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## D. Events of Public Health concern

There are three main categories of events that are notified under the International Health Regulations (IHR), these include:

- Conditions that must be notified to WHO: smallpox, poliomyelitis due to wild-type poliovirus, human influenza caused by a new subtype, SARS, cholera, plague, yellow fever, VHF, RVF and Meningococcal meningitis.
- “Any event of potential international public health concern including those of unknown cause or source, and those involving other events or diseases” than those listed above-
  - environmental health emergencies (natural events, technological incidents, complex emergencies and deliberate events);
  - chemical risk in food (environmental or intentional pollution) and
  - Zoonotic diseases and infectious diseases.