Situation report 002 – Mandera Cholera and Chikungunya Outbreak

Sitrep No. 002/May/2016

Data of issue – 31 May 2016

Time period of Sitrep: As at 2350hrs

Highlights

- 1,008 cases of cholera have been reported in Mandera since April 2016. The cases have been reported from the following populations: Bulla Shafshafey, Bulla Mpya and Bulla Jamuhuria.
- There were 74 cases being treated in Bulla Shafshafey, Bulla Mpya and Bulla Jamuhuria as of 31 May 2016.
- 15 deaths were reported since the onset of the outbreak.

Current situation

As of 29 May 2016, 1,008 cumulative cases of cholera were reported in the urban based populations of Mandera County, namely, Bulla Shafshafey, Bulla Mpya and Bulla Jamuhuria.

The cholera outbreak in Mandera continues to increase, worsened by the Chikungunya viral infection, taking a toll on the already strained health workforce in the county. The Ministry of Health (MoH) and partners have intensified prevention measures in the affected locations in Mandera County.

Several multi-stakeholder consultations and meetings in Mandera and Nairobi have been held to review the outbreak containment strategy and resourcing. The health workforce continues to be affected, with almost 50 per cent of the workforce still on sick leave. The real burden of the Chikungunya outbreak at the community level remains largely unknown and the only interventions at the moment are messaging and planned vector control.

As of 31 May 2016, there were 74 cases being treated in Bulla Shafshafey, Bulla Mpya and Bulla Jamuhuria. The number of new admissions keep fluctuating and the daily trends will be analysed and shared in the next Sitrep.

An analysis of the cases shows that the spread of the cholera outbreak is mainly due to unsafe drinking water and faecal contamination. The affected areas are high, densely populated residential areas served by unimproved pit latrines and mostly shallow wells.

15 cholera deaths have been reported since the onset of the outbreak. The number of deaths at community level remains largely unreported and efforts are being made by KRCS volunteers to collect this information on adectodal basis.

The Kenya Red Cross Society (KRCS) continues to provide support to the national cholera response with focus on Mandera County, which has reported a high number of cases. Mandera County has limited human and financial resources to mount a robust response.

KRCS Action

KRCS has beefed up deployment of technical staff by facilitating the enlisting of medical officers and nurses from the Kenya Association of Muslim Medical Professionals. The current technical staff have increased to 24, composed of public health officers (PHOs), entomologists, epidemiologists, medical officers (MOs), nursing officers (NOs), nutritionist, water engineers, communications, logistics and operation managers. This team is currently supported by a pool of 86 volunteers with basic skills in community engagement, a fleet of six land cruisers and two motorbikes.

KRCS has deployed heavily on WASH, medical and non-medical supplies.

A stakeholder coordination meeting, held on 29 May 2016 at the Mandera County Governor's office, identified vector control, cross-border strategies to control both outbreaks, overwhelming admissions at the Cholera Treatment Centres (CTC) and the already immobilized health care workforce as major challenges affecting the prevention and control efforts of the outbreaks.

The Mandera County government requested KRCS for the following support, with progress indicated here-below;

1. To mobilize more health personnel, including 2 MOs, 50 NOs, 20 clinical officers (COs), 10 laboratory technicians, and 10 PHOs to support the almost 50 per cent health workforce affected. On 31 May 2016, KRCS deployed 6 NOs and 5 MOs. Additional technical personnel is being mobilized.

2. To mobilize and set up a second 60-bed capacity CTC at the Khadija Grounds, which is proximal to the most affected area - Bullas. Preparations on the ground are ongoing and set up of the structure will begin on 1 June 2016, and have the CTC operational within a week.

3. To mobilize vector control by deploying aerial spraying for the Chikungunya response. This has, however, been re-directed by the national MoH on technical grounds and the county will begin fogging and probably larviciding in the coming days.

As reported in the last Sitrep, KRCS remains largely the lead agency on the community intervention. The coverage as at 31 May 2016 is as follows;

1. **Advocacy, Communication and Social Mobilization (ACSM) team:** The main activities undertaken have been road shows and street talks using a public address system mounted on a vehicle. Several local radio talk shows have been planned and running daily in the local dialect. Kiswahili and English talk shows are also planned in the same local radio station. Posters availed by the county government have been placed at strategic locations. In total, the team reached approximately 6,000 people.

2. **Active case finding:** Active case finding has been ongoing from 28 May 2016 until date. The KRCS volunteers visited all the hotspot villages and disinfected soiled beddings, fresh vomit found in compounds and latrines. A total of 276 households with 637 people (277 female and 360 male) were visited. During the process, 2,700 aqua tabs were distributed and 588 toilets disinfected. Due to the unavailability of a majority of the county staff, the overall mapping and targets have not been established for the teams.

3. **Water safety and hygiene promotion:** The water safety and hygiene promotion team of volunteers have been chlorinating water at the affected areas. To date, the team chlorinated 66 underground water tanks and 14 shallow wells almost daily to ensure water safety. Generally, this has been crude chlorination as the establishments of the water volumes, turbidity and recharge rates remains a challenge.

4. **Baseline survey:** A baseline survey to determine knowledge levels and hygiene practice levels before the implementation will begin on 1 June 2016 and the results shared next week. A post-response evaluation will be done later after the outbreak and a comparative analysis undertaken.

5. **Cross-border approach to the outbreak:** KRCS was part of a special meeting on cross-border security and health deliberations on 31 May 2016. Only the Somali MoH was represented, as the Ethiopian counterparts could not attend. Key deliberations that concern the Red Cross was the request made by the cross-border committee to re-look at the possibility of activating IFRC and/or ICRC, and mobilize resources to respond to the crisis in Bulla Hawa in Somalia, where the delegation confirmed to have had Chikungunya and cholera outbreaks for several months, with little effort in controlling the outbreak.

Other Actors

1. UNFPA, UNOCHA, WHO and KEMRI arrived on 31 May 2016 as part of the technical team to support the strategy development and response, as well as to look at the issues of cross-border coordination. More technical meetings are planned to be held on 1 June 2016. National MoH personnel have been on the ground since 28 May 2016 as part of the technical support team.

2. Médecins Sans Frontières (MSF), in close collaboration with the Mandera County government, is supporting the case management component. They have already established a CTC within the hospital grounds and are handling treatment of patients, laboratory investigations, infection control, dead body management, as well as supply of medical and non-medical supplies. Cooking for patients has already begun. The Mandera County Commissioner was requested to provide security to manage crowd control.

3. The African Medical and Research Foundation (AMREF) airlifted assorted medical supplies from Nairobi, on behalf of the national government.

Immediate needs

1. Mobilization of more surge medical teams as per the number requested by the county government.

2. Completion of the installation of a new CTC and ensure it is operational within a week.

3. Mobilization of resources to facilitate the huge personnel requirements.

4. Continuous engagement with the Somalia and the Ethiopian governments on cross-border outbreak disease prevention and control.

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