



## MINISTRY OF HEALTH

### CHOLERA SITUATION REPORT IN KENYA AS AT 5TH MAY 2015

#### Weekly Situation Summary

- Since 26<sup>th</sup> December 2014, Cholera outbreak has affected 7 counties: Nairobi, Migori, Homa Bay, Bomet, Mombasa, Nakuru and Muranga Counties.
- Migori, Homabay and Bomet Cholera outbreaks are now considered successfully controlled
- The outbreak first started in Nairobi County on 26th December 2014. Later the outbreak was reported in Migori County on 30th January 2015, Homa Bay County on 2nd February 2015, Bomet County on 12<sup>th</sup> March 2015, Mombasa County on 6th April 2015, Nakuru 8th April and Muranga county on 18th April 2015.
- As of 5th May 2015, a total of **2156** cases and **42** deaths (CFR=1.9%) had been reported nationally distributed as follows: Nairobi **145** cases, **5** deaths (CFR **3.4%**); Migori **915** cases, **12** deaths (CFR **1.3%**); Homa Bay **377** cases, **5** deaths (CFR **1.4%**) , Bomet **272** cases, **2** deaths (CFR **1.5%**) ,Mombasa **69** cases, **5** deaths (CFR **7.2%**), Muranga **278** cases, **1** death (**0.4%**), and Nakuru **100** cases, **12** deaths (CFR **12%**)
- Cumulatively, **274** new cases were reported in the last one week (164 in Muranga, 73 in Nakuru, 17 in Mombasa and 20 in Nairobi). This is an increase from the previous week where **35** new cases were reported. **6** new deaths were reported in the last one week (5 in Nakuru and 1 in Nairobi).
- There are **34** current admissions in Mombasa, Nakuru and Nairobi Counties.

- New cases reported in Nairobi were detected in new epicentres- Kibera, Mukuru Kayiaba and Mukuru Kwa Njenga slums.
- There are suspected cholera cases in Embu county and Kirinyaga county and confirmation is ongoing. Initial results for Kirinyaga from 2 samples are negative.
- A national stakeholder meeting is being planned to review the strategies and mobilise resources for a comprehensive national response. Details of the meeting will be provided as soon as they are finalized.
- A summary of the outbreak in the affected counties are shown in the table below.

## 1: Situation Analysis

### A) NATIONAL LEVEL

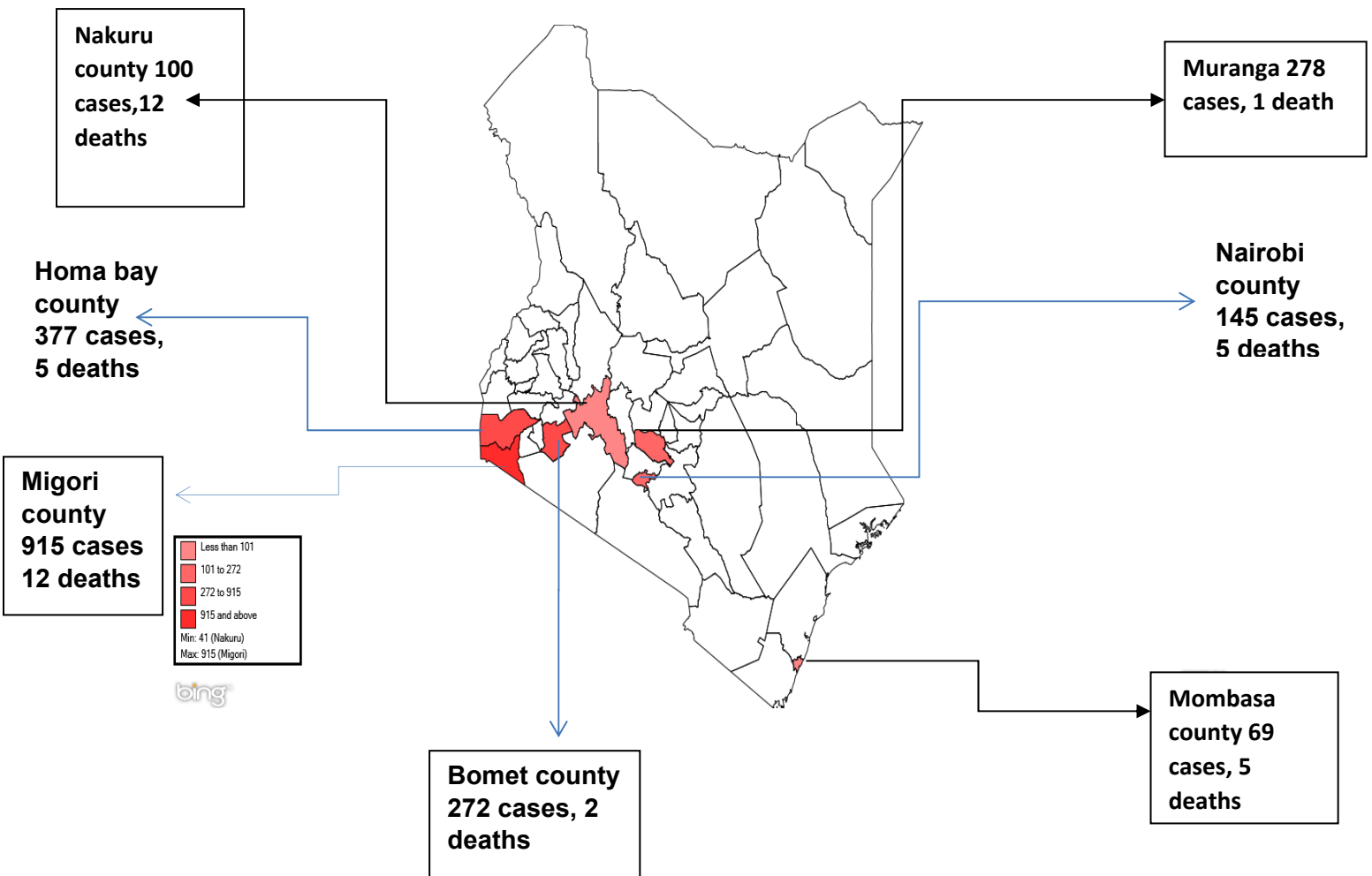
County	Total cases	Lab Confirmed	Probable	Total deaths	Date of onset	Date of last case	Cases last 1 week:	Deaths last 1 week	Current admissions	Status of outbreak
NAIROBI	145	34	111	5	26/12/14	1/5/2015	20	1	11	Active
MIGORI	915	15	900	12	30/01/15	1/4/2015	0	0	0	Controlled
HOMA BAY	377	33	344	5	02/02/15	1/4/2015	0	0	0	Controlled
BOMET	272	41	231	2	11/3/2015	6/4/2015	0	0	0	Controlled
MOMBASA	69	14	55	5	6/4/2015	4/5/2015	17	0	8	Active
NAKURU	100	12	88	12	8/4/2015	5/5/2015	73	5	9	Active
MURANGA	278	5	273	1	18/4/2015	5/5/2015	164	0	0	Active
<b>GRAND TOTAL</b>	<b>2156</b>	<b>154</b>	<b>2002</b>	<b>42</b>			<b>274</b>	<b>6</b>	<b>34</b>	

**Table 1: Summary of reported Cholera Cases as at 5<sup>th</sup> May 2015**

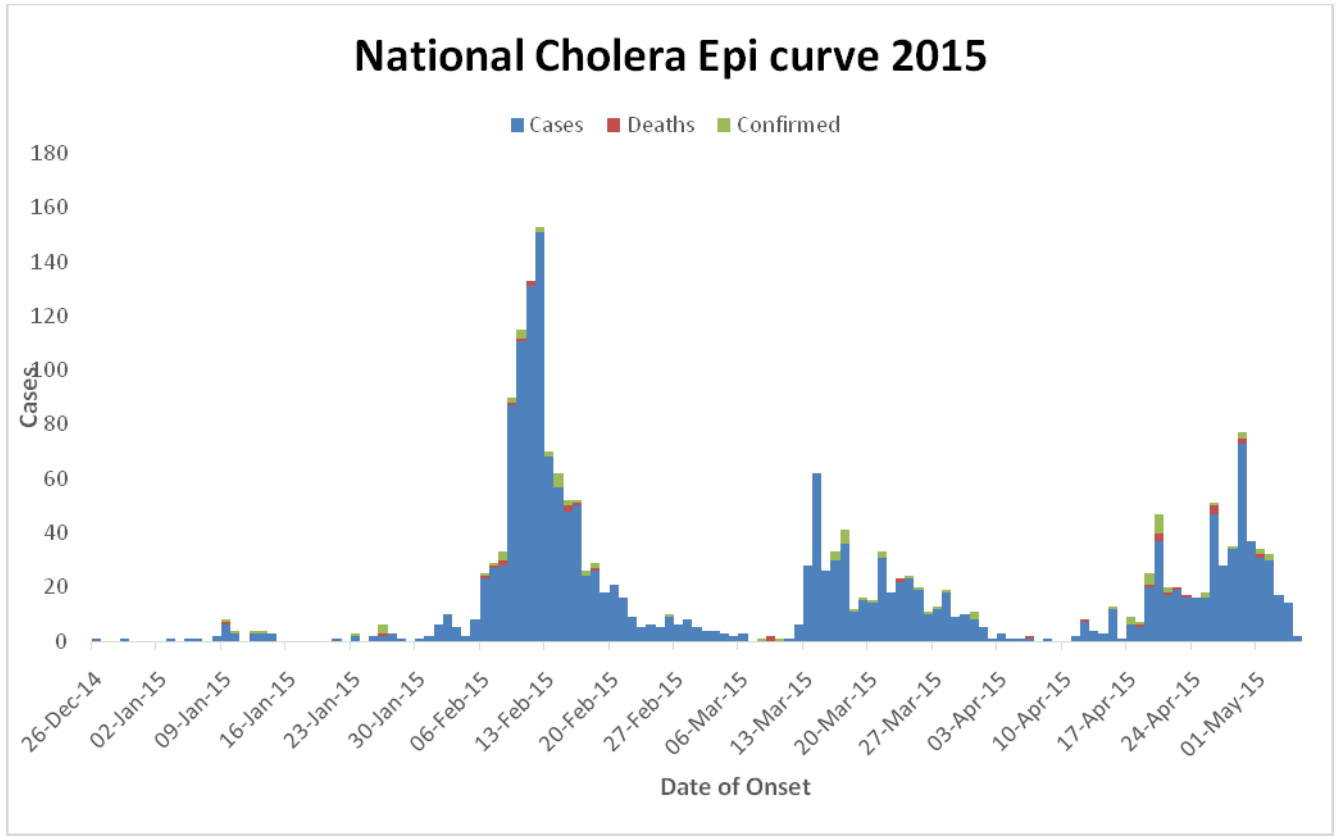
- Migori reported the highest number of cases (915), followed by Homa Bay (377) while Nakuru has the highest case fatality rate (12%)
- 154 cases are laboratory confirmed (Nairobi 34, Homa bay 33, Migori 15, Bomet 41, Mombasa 14, Muranga 5, Nakuru 15)

- Bomet, Migori and Homabay counties have been free of Cholera cases for more than 10 days

**Figure 1: Shaded map showing counties affected by cholera, Kenya, as at 5<sup>th</sup> May, 2015**



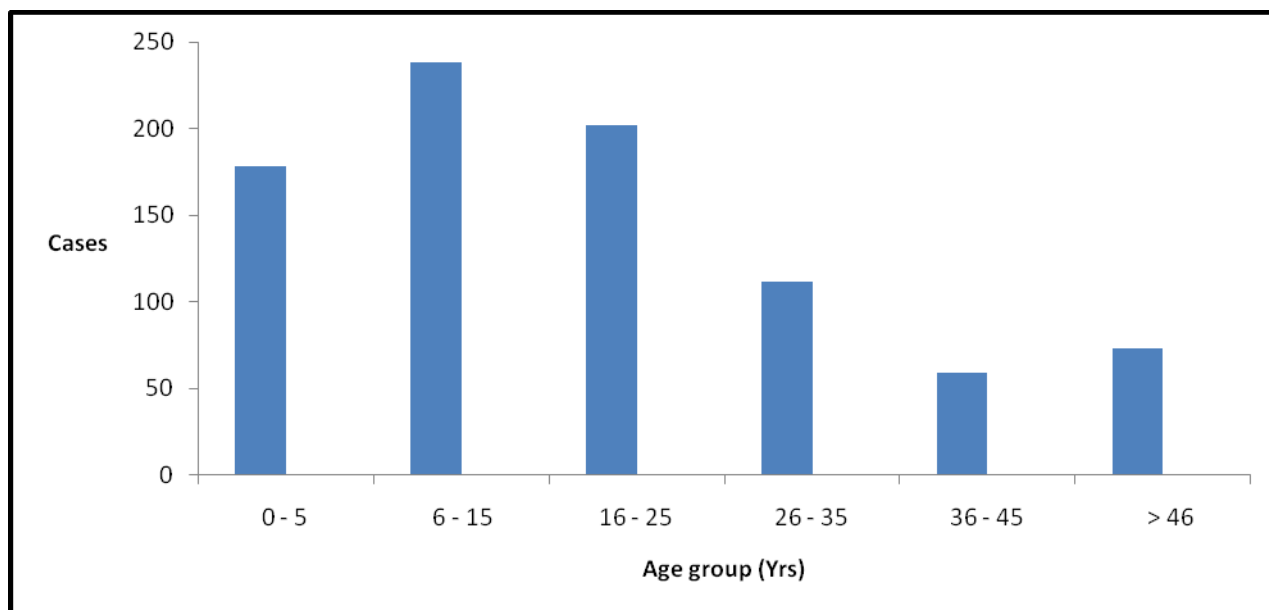
**Figure 2: An Epi curve Showing Cholera Cases Reported Nationally in Kenya from 26<sup>th</sup> December 2014 to 5<sup>th</sup> May 2015**



**Summary of the Epi curve**

- The index case was detected on 26<sup>th</sup> December 2014, In Nairobi County.
- The major peak of the outbreak was on 12<sup>th</sup> February 2015.
- There are multiple peaks due to the different location and timing of the outbreaks

**Figure 3: Distribution of Cholera Cases by Age Group, in Kenya as at 5<sup>th</sup> May 2015**

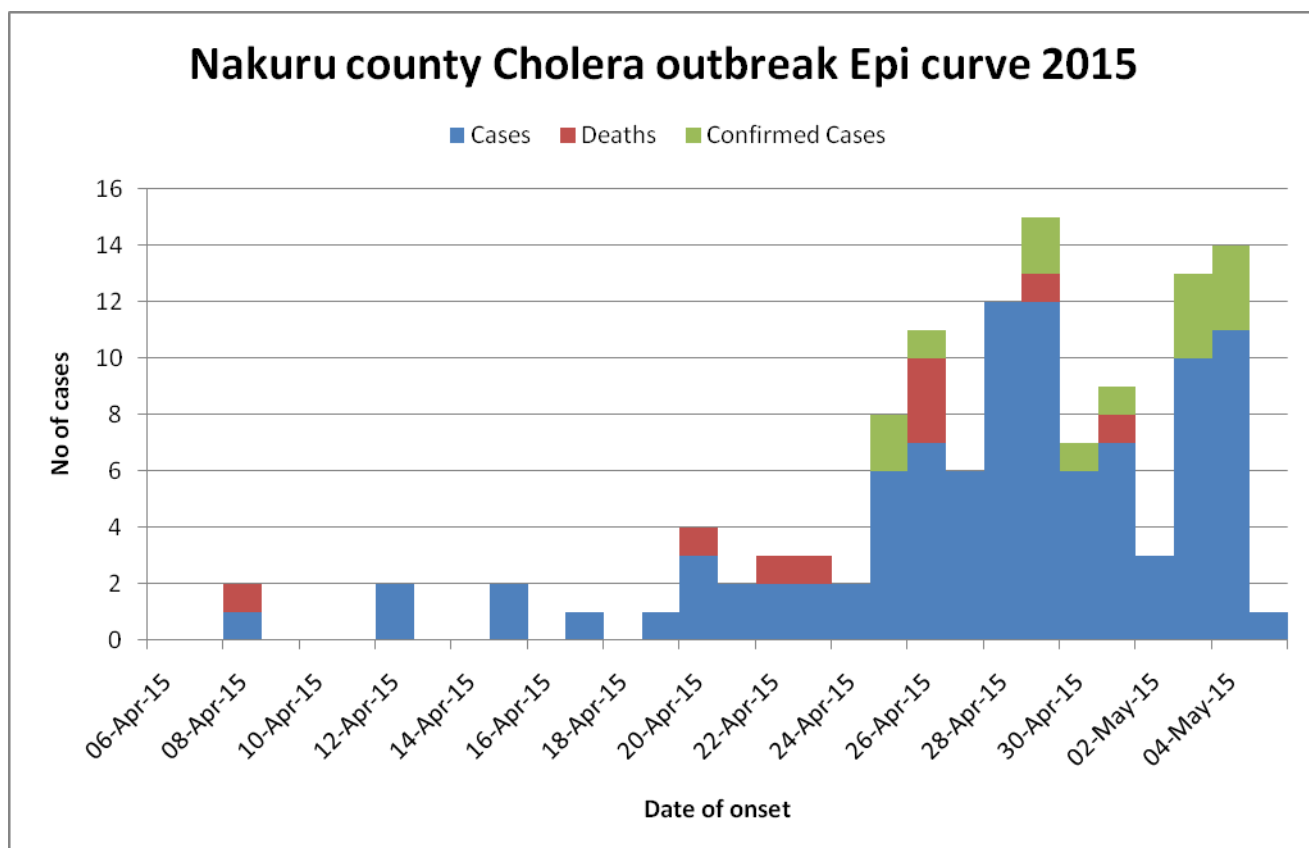


The graph indicates that the most affected are persons below the age of 25 years.

## B) COUNTY LEVEL

### 1. NAKURU COUNTY

**Figure 4: An Epi curve Showing Cholera Cases Reported in Nakuru County from 8<sup>th</sup> April 2015 to 5<sup>th</sup> May 2015**

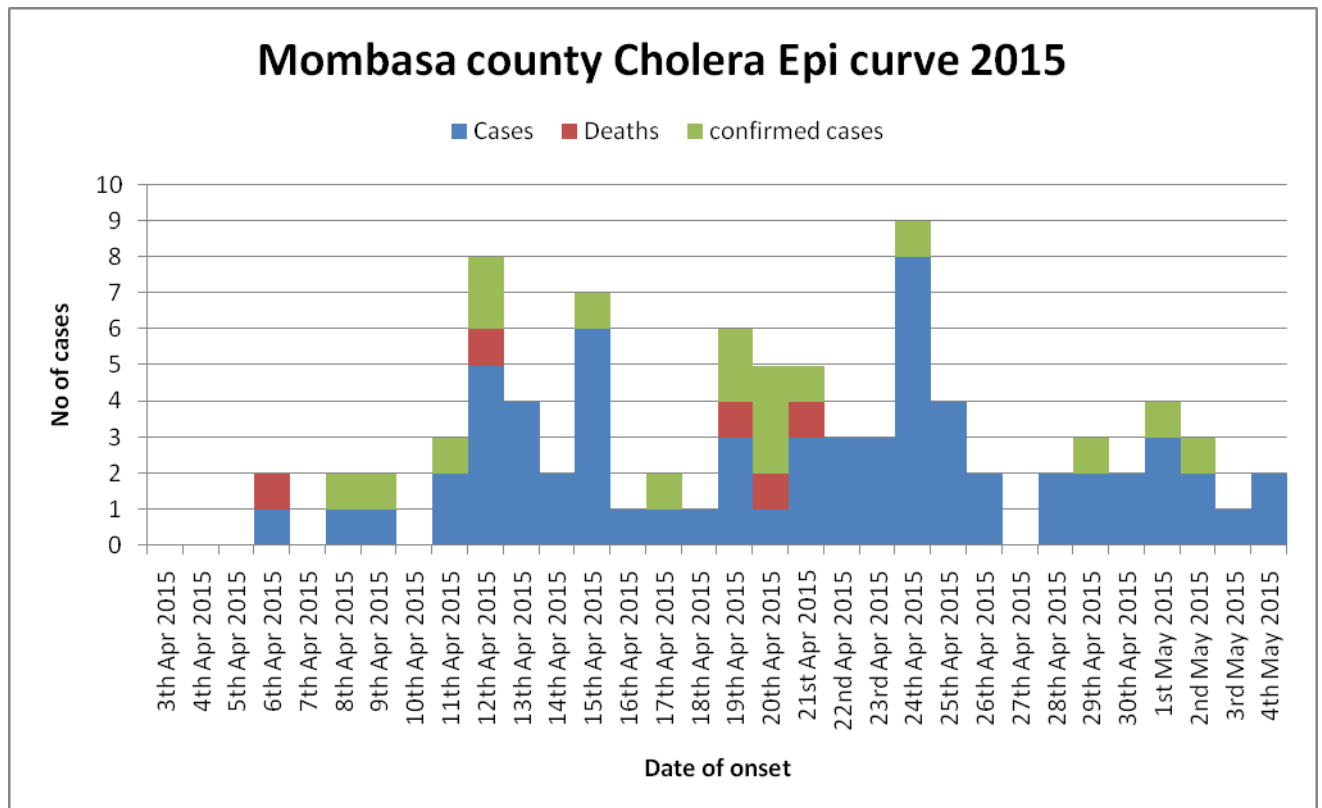


### COMMENTS

- The probable index case was on 8<sup>th</sup> April 2015.
- First Laboratory confirmation was done on 26<sup>th</sup> April. Total confirmed is 10.
- Total cases (confirmed and probable) seen now totals to 100 with 12 deaths (CFR 12%) with a general upward trend. Majority of the cases are from Rhoda area.
- Eight of the deaths occurred in hospital while 4 occurred at home. This CFR is abnormally high and serious review of the case management needs to be done.

## 2. MOMBASA COUNTY

**Figure 5: An Epi curve Showing Cholera Cases Reported in Mombasa County from 6<sup>th</sup> April 2015 to 5<sup>th</sup> May 2015**

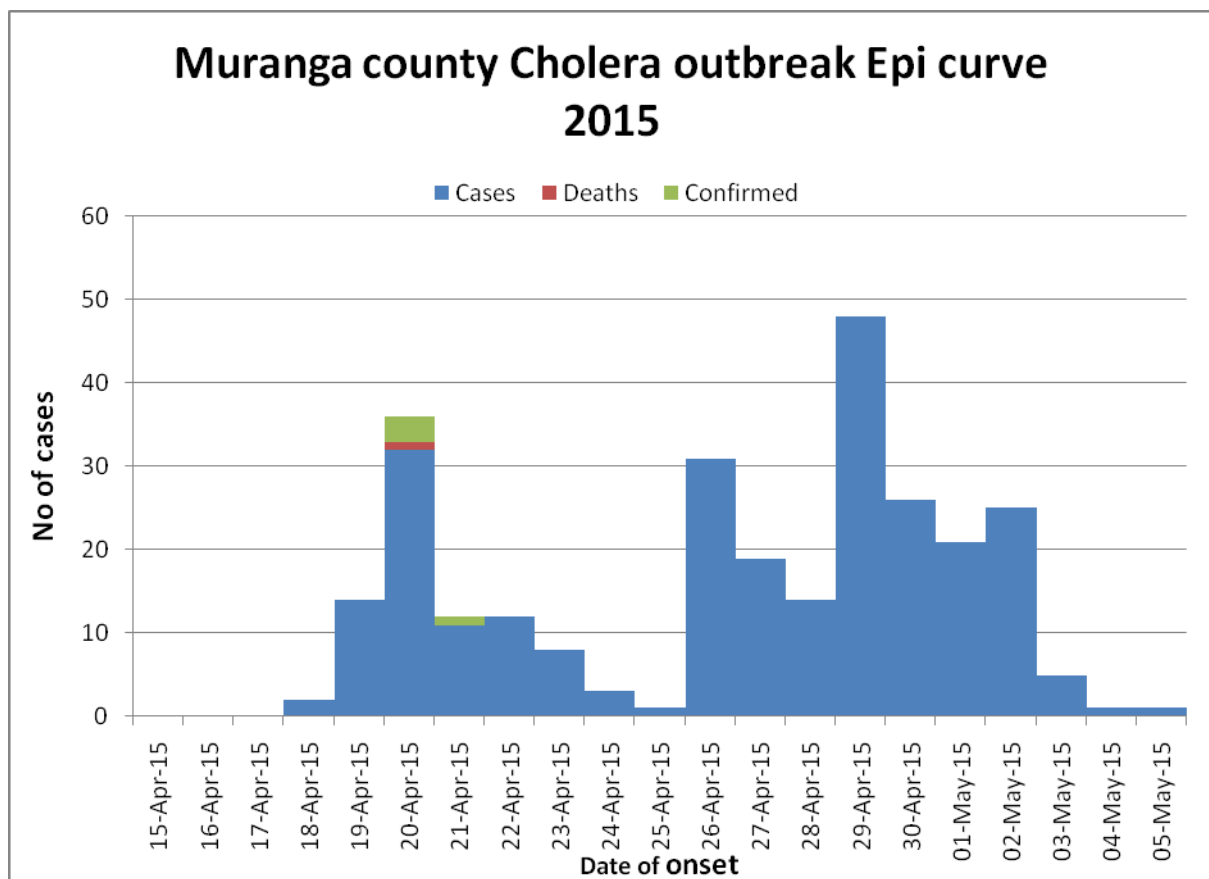


### COMMENTS

- The index case was on 6<sup>th</sup> April 2015 with the main peak being on 24<sup>th</sup> April 2015
- Laboratory confirmation was done on 8<sup>th</sup> April 2015. To date, 10 cases have been laboratory confirmed with 5 deaths.

### 3. MURANGA COUNTY

**Figure 6: An Epi curve showing Cholera Cases Reported in Nairobi County from 18<sup>th</sup> April 2014 to 5<sup>th</sup> May 2015**

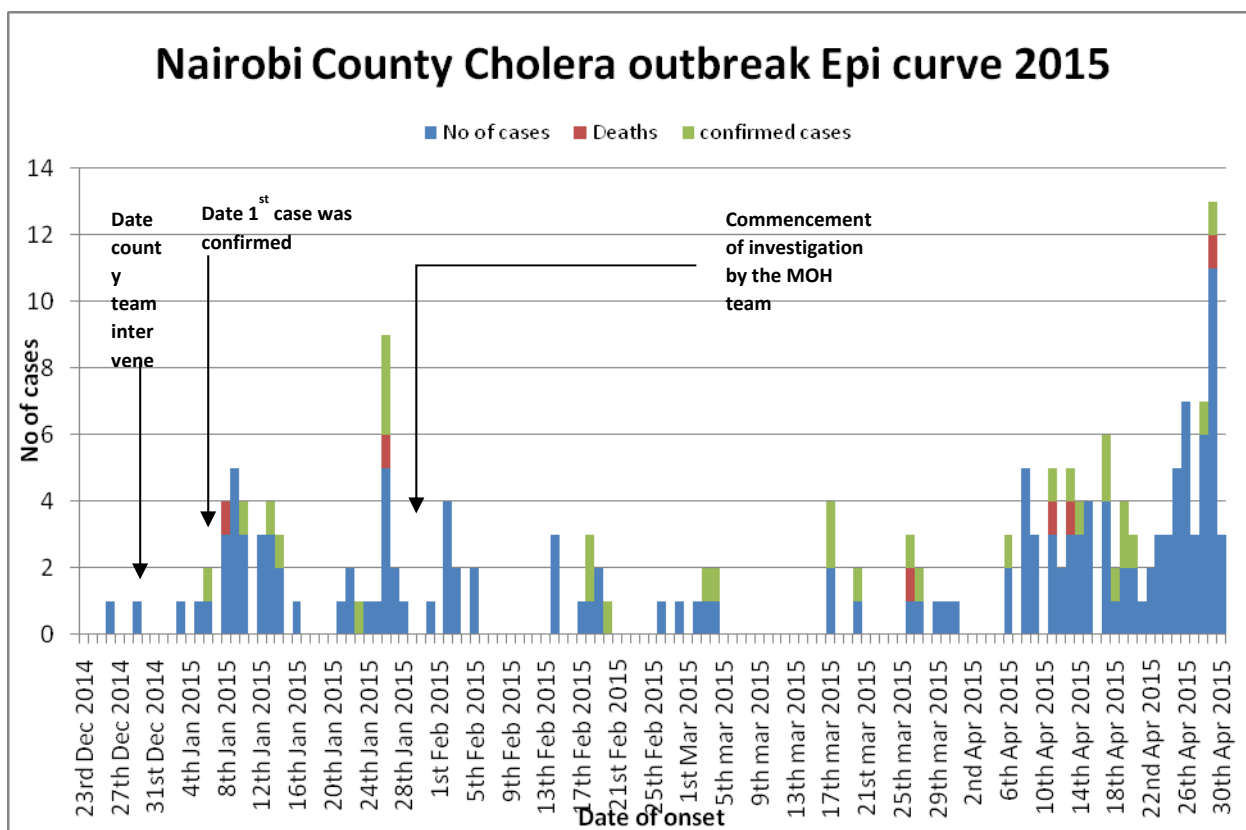


- A total of **278** cases, 1 death has been reported with the index case seen on 18<sup>th</sup> April 2015. These cases were reported in Kabati area.
- The peak of the outbreak was on 29<sup>th</sup> April 2015
- Total Confirmed cases are **5** so far.



#### 4. NAIROBI COUNTY

**Figure 7: An Epi curve Showing Cholera Cases Reported in Nairobi County from 5<sup>th</sup> December 2014 to 5<sup>th</sup> May 2015**



#### Comments

- The index case was reported on 26<sup>th</sup> December 2014.
- The first major peak of the outbreak was on 26<sup>th</sup> January 2015.
- Cases seems to be increasing in the last 2 weeks with the total cases reported being 145 with 5 deaths (CFR 3.4%).
- New areas reporting cases include Kibera

## 2. Interventions

### a) Coordination and logistics

#### National level

- Coordination of outbreak response is ongoing at the national level under the Chairmanship of the Director of Medical Services.
- The MOH headquarters has distributed supplies (pharmaceuticals and non-pharmaceuticals) to all counties in the country. These supplies were meant for Ebola preparedness but can be used for Cholera response. More supplies are available if needed for those counties affected by the outbreak.
- A national multi-disciplinary team will be dispatched to Mombasa and Nakuru counties this week to provide technical support to the health management teams. Arrangements are also being made to send more teams to Muranga/Kirinyaga.
- 70,000 posters were distributed across the country including the affected counties.

#### County Level

- Outbreak coordination teams are meeting regularly with stakeholders in Counties with active outbreaks.

### b) Case management

- The counties have identified health facilities and set up Cholera Treatment Units for case management.
  - Nairobi - Bahati Health Centre, Mathare North Health Centre and Mbagathi District Hospital.
  - Mombasa - Cholera treatment centres have been identified in every sub county in Mombasa County to prevent referral of patients and limit risk of cross contamination and further spread. Few available cholera beds have been distributed to the following centres:

- Changamwe/ Jomvu: Portreitz Sub County Hospital (Palliative Ward)
- Likoni: Mrima Health Centre
- Kisauni/ Nyali: Utange Marternity Wing
- Mvita: Mwembe tayari Health Centre.
- 
- Nakuru: 97 health workers were trained on 30/4/15 in PGH Nakuru. Cases are managed in Four cholera treatment centres : 1 in Rhonda with the support of MSF, langalanga H/C, Isolation ward PGH , and Bahati H/C by the county govt. Kiti Dispensary has also been prepared to receive cases in case of any eventuality
- Provision of Chemoprophylaxis to close contacts is ongoing in affected counties.

### **c) Surveillance, Laboratory and Data management**

- Active case search is ongoing in all the affected counties aimed at rapid detection, case management and follow up of cases.
- Laboratory specimens have been collected and tested to determine and isolate the species causing the outbreak. The updated data as at 30<sup>th</sup> April 2015 is tabulated below.

County	Specimens analyzed	Where Analyzed	Positive <i>V. cholera</i>	Ogawa	inaba
Nairobi	62	NPHLS KEMRI/CDC - Nairobi	34	32	2
Migori	44	KEMRI/CDC - Kisumu	15	15	0
Homa Bay	56	KEMRI/CDC - Kisumu	33	33	0
Bomet	123	Walter reed- Kericho	41	41	0

<b>Mombasa</b>	<b>64</b>	Coast General hosp.and KEMRI laboratories (Kilifi)	<b>14</b>	<b>14</b>	<b>0</b>
<b>Muranga</b>	<b>5</b>	KEMRI-CDC NRBI	<b>5</b>	<b>5</b>	<b>0</b>
<b>Nakuru</b>	<b>10</b>	KEMRI-CDC NRBI	<b>10</b>	<b>10</b>	<b>0</b>
<b>TOTAL</b>	<b>364</b>		<b>152</b>	<b>150</b>	<b>2</b>

#### **d) Social mobilization, WASH and Food Safety**

- MOH is supporting the counties in educating the public. Posters have been sent to the affected counties and other high risk counties
- Local FM radio stations are supporting in dissemination of health messages in the counties
- Health education is ongoing in schools, churches, mosques, burial ceremonies, chief's barazas and the community in general.
- Enforcement of the Food Drugs and Chemical Substances Act, Cap 254, is ongoing in all the affected counties and food kiosks with low hygiene and sanitation standards have been closed
- Schools, health facilities and affected communities are being issued with hand washing kits

#### **e) Major Challenges**

- There is shortage of safe, clean drinking water in the affected counties
- Sanitation and hygiene is a major challenge in most of the affected communities
- Most counties do not have transport media (Cary Blair) as well as culture media and typing sera
- Inadequate ORS in most health facilities

### 3. Planned activities

The national level and the County teams are meeting with various stakeholders to address the challenges noted above: The following are some of the planned activities

- The national and County levels will continue to meet weekly/daily to review the situation and put appropriate measures in place
- Most of the required medical supplies are available at the national level if needed by affected counties. Plans are underway to procure more laboratory supplies
- National and county levels will continue to work with partners and stakeholders to mobilize resources for the affected and other high risk counties
- A national stakeholder meeting with all counties is being planned to review prevention and response strategies as well as mobilise resources to support the response activities. Logistics to support the meeting are currently being mobilised and the dates of the meeting will be communicated soon.