

Joint Cholera Initiative for Southern Africa (JCISA) Sub-regional up-date on Cholera; 2017 – Week 4

Country name	2017 suspected cases				2017 Cumulative total			2016 total reported cases			Comments
	W1	W2	W3	W4	Cases	Deaths	CFR	Cases	Deaths	CFR	
Angola	28	13	27		68	5	7.4%	78	4	***	Latest report 19/01/17: North West Zaire prov, (Soyo city) & Cabinda,
Botswana											
Lesotho											
Malawi	0	0	0	0	0			1,792	46	2.6%	
Mozambique	2		4		6	0	0.0%	1,167	6	0.5%	4 suspected cases in Luis Cabral, Maputo
Namibia											
South Africa											
Swaziland											
Tanzania	288	80	156	299	823	14	1.7%	14,928	202	1.4%	includes backlog from 17/01/17 in Kigoma (NW Tanzania) . Areas reporting have increased, see map overleaf.
Zambia	0	0	0	0	0			1,379	32	2.3%	
Zimbabwe	0	0			0			10	1	***	
Total w/Tanzania	318	93	187	299	897	19		19,354	291		
Total sub region*	30	13	31	0	74	5		4,426	89		

* 10 Southern African countries

0 - zero cases reported

nr - no report received

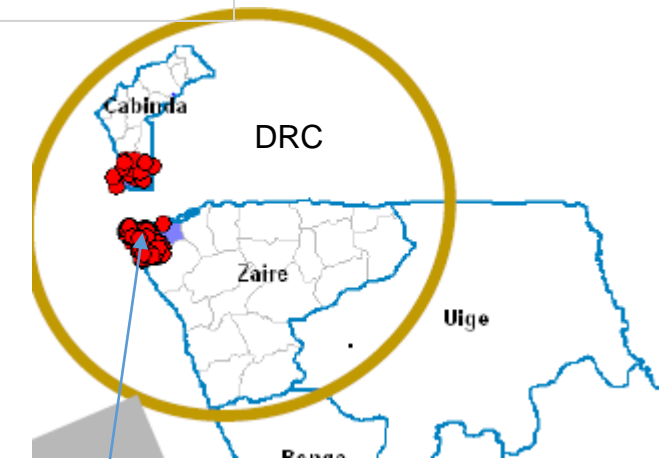
*** CFR no validity with so few cases.

Data source: Govt. reports, UNICEF, WHO, Buletim de Republica (Angola)

The Joint Cholera Initiative for Southern Africa (JCISA) is a multi-agency technical partnership bringing together WHO, UNICEF, UNOCHA and OXFAM supporting national governments with the primary goal being to “*strengthen regional capacity and collaboration in order to ensure more timely, integrated and effective technical support to countries in the areas of cholera preparedness, response and resilience*”.

The Southern Africa sub-region consists of ten countries, five of which have been identified by the Initiative as priority countries – Angola, Malawi, Mozambique, Zambia and Zimbabwe. For the purposes of this IM process Tanzania is being included given its proximity to three of the priority countries and the possibility of cross border transmission. For further information contact Ben Henson, bhenson@unicef.org or Georges Tabbal, gtabbal@unicef.org.

The outbreak in Soyo, North West Angola has now spread to Cabinda; the Angolan enclave north of the Congo river (see map), with a total of 146 cases reported between 13 December 2016 and 18 January 2017 (latest Government Bulletin). The Ministry of Health has activated the Cholera prevention Commission (*Comissão de luta contra o cólera*), and have produced a national strategic epidemic response plan on 09 January 2017. This lays down responsibilities at all levels from National to municipal authorities. A particular challenge identified has been the lack of cross-border collaboration: The cholera outbreak has occurred in areas bordering the DRC, with cholera patients seeking treatment either at the Soyo CTC or at the CTCs on the DRC side. All epidemiological analysis and subsequent actions are conducted on the basis of the number of patients admitted at the Soyo CTC, which is misleading as the outbreak should be treated as a whole rather than two separate outbreaks (one Angolan and one Congolese). Very little if any cross-border communication is reported to be occurring between the Angolan and DRC authorities.



Soyo municipality, Zaire province and Cabinda, North Western Angola.

unicef

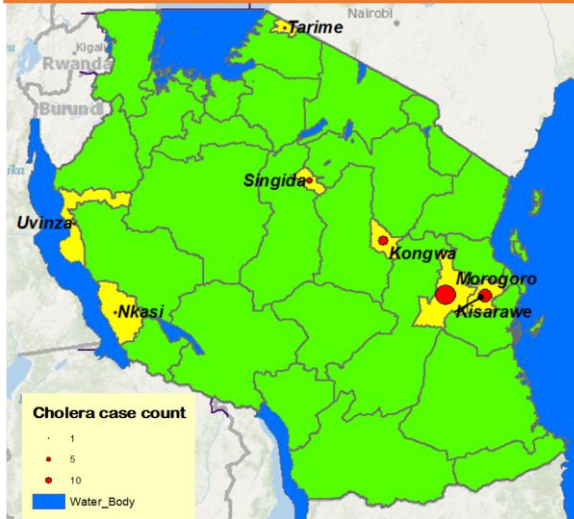


OXFAM



OCHA

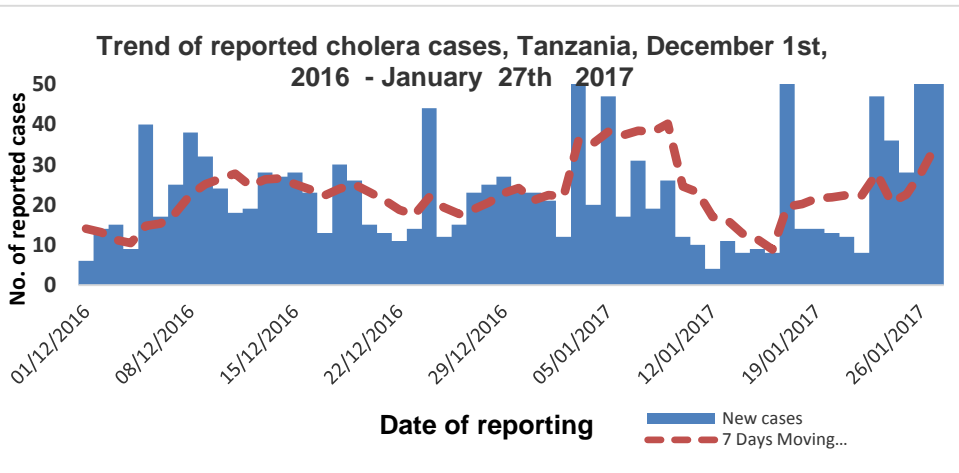
The Distribution of Cholera cases by District as of 27th January 2017 in Tanzania Mainland



1. TANZANIA: Continues to experience considerable cholera cases in a number of areas (January in seven different districts) A total of **24,732 cases** and **383 deaths (CFR 1.5%)** have been reported since the outbreak started in August 2015. 823 cases have been reported in 2017 by 28 January.

2. MOZAMBIQUE: Since the outbreak in the north of the country was declared ended in August 2016, there have been sporadic cases occurring in Maputo. Two confirmed cases in Maputo suburbs and 4 suspected ones (not yet confirmed) during weeks 2 and 3 from a residential area called Luis Cabral.

3. ZAMBIA: There have been no cholera cases reported in Zambia in 2017. Preparedness activities have been on-going in all the provinces, through financial support of the DFID/UNICEF programme: “Strengthening national systems for cholera emergency response, prevention and preparedness in Lusaka and affected Districts of Zambia;” Emergency supplies that include granular and liquid chlorine; and hydrogen sulphide (H₂S) strips have been procured and distributed to ten Provinces, who are responsible for distributing to districts based on needs. Meanwhile other financial support has been provided to MOH at National, Provincial and District levels and Lusaka City Council; to support coordination, faecal sludge management, hygiene and sanitation promotion, raising awareness on cholera prevention to households in peri-urban areas, water quality monitoring, legal enforcement, production of IEC materials and logistics.



4. ZIMBABWE: No cases of cholera reported in 2017. However an on-going, mainly urban focused **Typhoid** outbreak has necessitated the establishment of an inter-ministerial crisis task force and coordination structures and emergency interventions since December 2016. According to the Typhoid Command Centre established in the MOH; as at 26 January 2017, 825 cases have been reported nationally since 21 October 2016, with 51 confirmed cases and 6 deaths. The main focus is in Harare itself with 591 cases in total and one suburb (Mbare) accounting for 225 cases. A Typhoid response plan has been drafted, meanwhile the WASH and Health responses have been on-going since mid December in Harare and are activated immediately on receipt of outbreak information in other areas.