United Republic of Tanzania
Cholera outbreak 2015

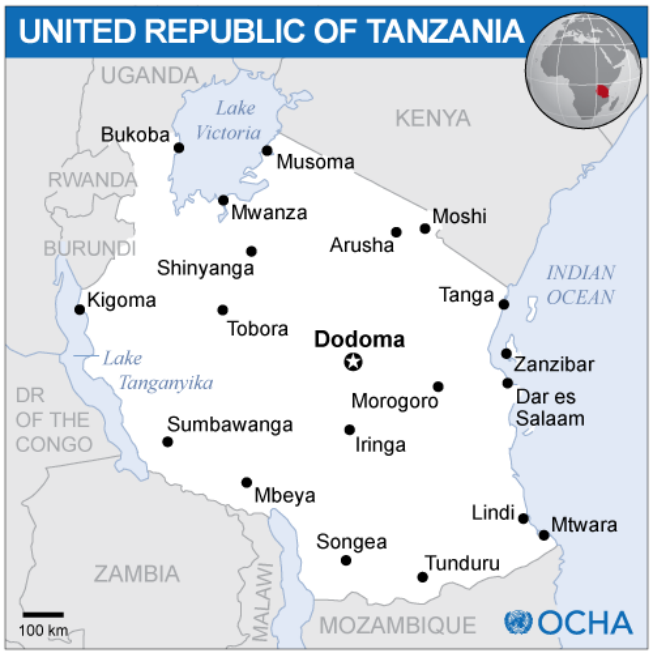
Office of the Resident Coordinator Situation Report No. 1

(as of 10th November 2015

This report is produced by Office of the Resident Coordinator (RCO) in collaboration with humanitarian partners. It covers the period from May 2015 to 9 November 2015. The next report will be issued on or around 20th November.

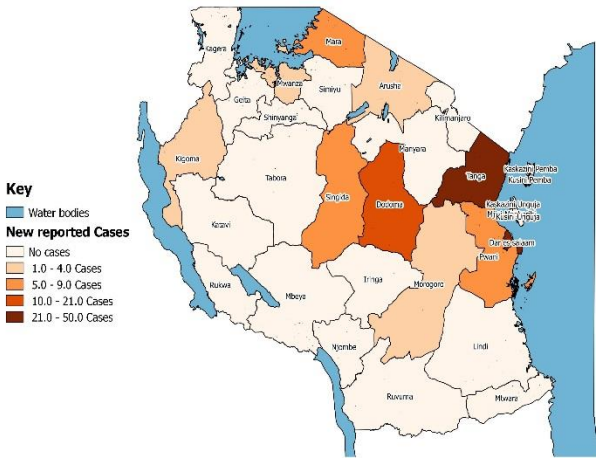
Highlights

- Cumulative number of suspected/confirmed cholera cases for URT is 8,185 with 116 cumulative total deaths as 9th November.
- 10 regions on mainland reported a total of 104 new suspected Cholera cases on 9h November.
- Tanga Region accounts for 32 of the new cases.
- Zanzibar has reported a total of 256 cholera cases and 4 deaths.
- Start of the rainy season compounds the risks
- Government released eq. of TSH 900 million (US$450,000) to Ministry of Health for cholera response
- CERF approved allocation to WHO and UNICEF of 1,5 million USD



Map Sources: ESRI, UNCS.
The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations. Map created in Sep 2013.

Newly Reported Cholera Cases by Regions, Tanzania, 9th November 2015



Source: Ministry of Health and Social Welfare Cholera Outbreak Situation Report – 9th November 2015

8,185	116	19 of 30	256	4	2,9 million
Total (URT) suspected/ confirmed cases	Total (URT) deaths	Regions affected	Suspected/confirmed cases in Zanzibar	Deaths in Zanzibar	People targeted by CERF funding

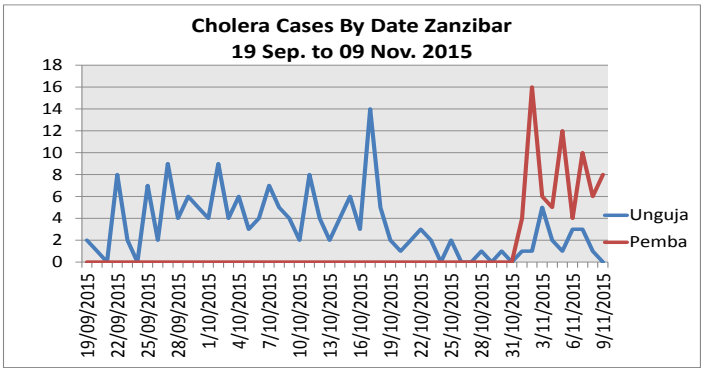
Situation Overview

Tanzania is battling a major cholera outbreak which has so far affected nineteen of the twenty eight regions in the country. The outbreak started in Dar es Salaam, the capital city with a population of 4.4 million, in late August 2015, and has progressively extended to nineteen regions of Tanzania, stretching local capacities and resources, with high risk in terms of lives and economic impact. Cumulatively, 8,185 cholera cases (both Mainland and Zanzibar)

+ For more information, see “background on the crisis” at the end of the report

and 116 deaths have been recorded (as of November 9). Over 50% of the cases are reported from Dar es Salaam. The case fatality rate of 1.4% is considered high by WHO standards.

In Zanzibar the outbreak was first reported 19th September 2015 and a total of 256 cases have to date been reported from the two major Islands of Unguja and Pemba. Pemba's first case was reported on the 1st November 2015. There are a total of 256 cases (181 from Unguja and 75 from Pemba) as of 10th November 2015 and 4 deaths making the Case Fatality Rate 1.6%. Urban and West districts in Unguja and Wete district in Pemba are the most affected districts. A multi-sectoral Coordination Committee was set, up under the leadership of the 2nd Vice President's office, to tackle the cholera outbreak in Zanzibar. Case management, community health education and social mobilization, contact and community death tracing and treatment of water sources are undergoing.

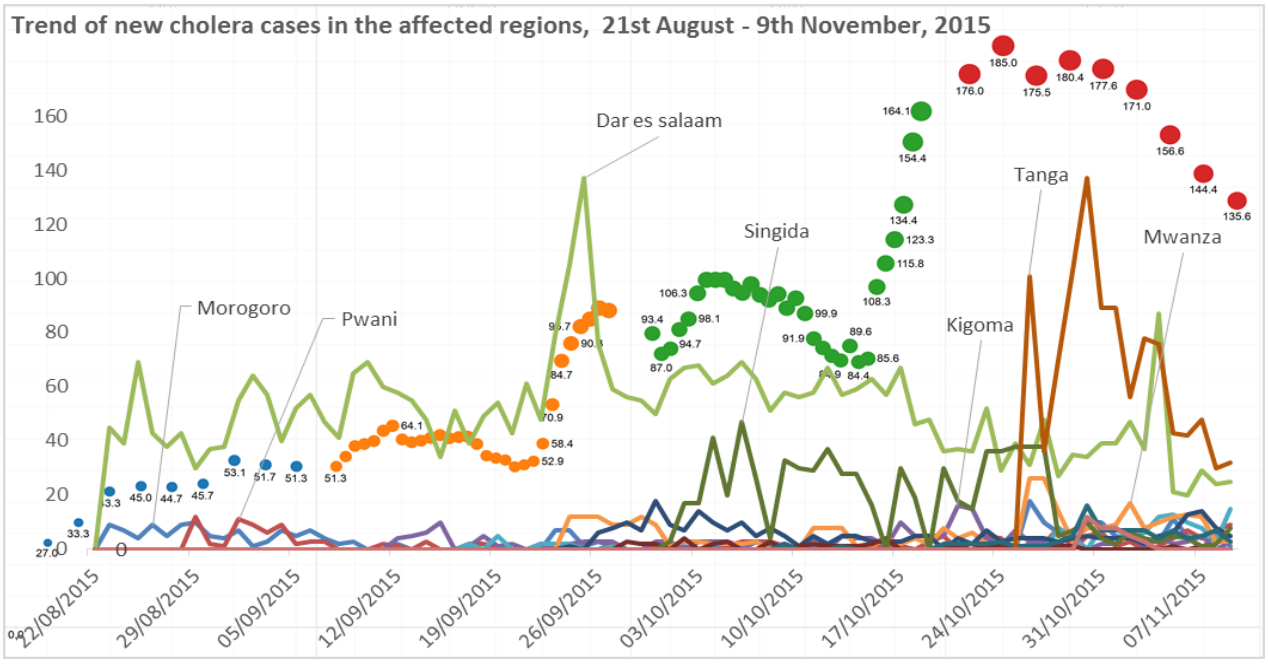


The current outbreak is unusual because of its vast geographical spread within a short period of time. The beginning of the rainy season will have an adverse negative affect of the containment of the situation.

Poor communities living in unplanned settlements are disproportionally affected largely because of poor access to safe water and environment. Women and children are more vulnerable due to patterns of water collection, handling and storage practices at home. Additionally, women and adolescent girls bear a disproportionate burden of HIV largely as a consequence of gender inequalities. Dar es Salaam where the majority of cholera cases are occurring has an HIV prevalence of 9% among adults. Generally people living with HIV are at increased risk of diarrheal disease and enteric infection. Women are also more vulnerable to infections because they are the traditional caretakers of the sick at home thus exposing them to infections more than males.

The last major outbreak was in 2010 reported 1,997 cases but this was limited to Tanga and Dar es Salaam regions. The current outbreak follows the same pattern as the outbreak in 1997, when there was an El Nino and Tanzania registered 40,000 cholera cases. The meteorological department has again issued a warning that an El Nino similar to the one of 1997 should be expected this year. The concentration of cases in Dar es Salaam, the main commercial city of Tanzania, conjugated with a very mobile population across the country, further enhances this risk.

Joint rapid assessments led by the Ministry of Health and Social Welfare (MOHSW) involving the Regional and Local Government Authorities development partners have been done in the affected areas. Results from water quality survey reveal that the source of the outbreak is contaminated water from shallow wells, deep wells and tap water. Vibrio Cholerae has been isolated from all these sources. Poor hygienic practices and lack of sanitation facilities in poor households is also an associated factor to the outbreak. Regular water quality monitoring is ongoing by the MOHSW laboratory and at the Regional and LGAs levels.



Source: Ministry of Health and Social Welfare Cholera Outbreak Situation Report – 9th November 2015

Funding

The funding requirement for the emergency is estimated at $6 million. CERF approved on the 4th November an allocation of $1,5 million to UNICEF and WHO for implementation of live saving activities. WHO and UNICEF total funding requirement is estimated to $4 million, out of this requirement, the two agencies already spent in excess of $900,000 by redirecting internal funding to the cholera response, meaning that other planned interventions have had to be discontinued.

Government of Tanzania have announced the allocation of TSH 9 million (approx. $450,000) to Ministry of Health and Social Welfare (MoHSW). The government and local authorities have also committed resources in terms of commodities, staff time and infrastructure; but these efforts still leave a lot of gaps.

Humanitarian Response

A National Cholera Response plan is under development. USAID, CDC, Population Services International (PSI) and Tanzania Red Cross Society have provided support to MOHSW with laboratory agents; medical supplies; equipment and water treatment chemicals; capacity building for case management; laboratory diagnosis and water testing; and funding for supervision and social mobilization activities. UNICEF has provided funding for technical & supervisory support by the national and regional/district level to the community-level response through the Tanzanian Red Cross Society (TRCS). Technical capacity still needs to be strengthened especially assisting with public health interventions in the three municipalities of Dar es Salam and MoHSW's outbreak response coordination.

Health

Needs:

- Strengthen supervision and mentoring of health workers in the newly affected regions to ensure timely case notification, adherence to standard case definition, compilation of line list, timely laboratory confirmation of suspected cases.
- Deployment of teams to conduct outbreak investigation for the newly affected regions.
- Strengthen capacity for laboratory diagnosis of cholera at regional levels
- Strengthen partnerships with key sectors and engage the private sector, NGOs and the media in the response.
- Additional IEC materials are needed to cover new regions affected (flipcharts for health workers, 340,000 brochures and 187,000 posters)
- While TV and radio spots are developed, funding for airtime is required.

Response:

- A cumulative total of 1,071 samples have been tested and 664 samples were positive for Vibrio Cholerae.
- Government established Cholera Treatment Centers for treatment of suspected and confirmed cases.
- Cholera kits and drugs and supplies procured.
- Support to coordination for health response among health partners and resource mobilization
- UNICEF supported finalization of training guides, working and reporting tools, reprint of IEC materials (340,000 brochures and 187,000 posters) is on-going in preparation for intensive and focused social mobilization campaign.
- Deployment of national laboratory experts for capacity building to Geita, Morogoro and Pwani Regions
- Deployment of WHO staff to support outbreak response in the newly affected regions: Tanga, Mwanza and Singida.
- Advocacy messages focus on hygiene practices, food safety, prompt identification of cases and referral
- WHO and UNICEF in collaboration with CDC have deployed their public health staff.
- WHO has engaged regional office-based staff to support outbreak disease surveillance
- Three WHO staff specialized in emergency and disease outbreak response deployed from WHO's regional and headquarter

<u>Planned response</u>

- Training of Trainers for Public Health Officers to supervise the cholera health workers to be conducted next week thereafter CHWs trainings to begin.
- Media orientation to be conducted tomorrow.
- Rapid Assessment to be conducted next week to inform the Social Mobilization Response Plan which is under review.

- Expansion of use of IEC printed materials as well as messages on radio and TV

Gaps & Constraints:

- Preliminary findings from Tanga, Manyara and Singida noted the following challenges: lack of multisectoral task force for response coordination; late reporting and lack of line list; shortage of lab supplies and Water Guard; weakness in case management due to poor adherence to standard case definition and treatment guidelines and weak coordination of social mobilization interventions.
- Inadequate knowledge and skills of health workers within CTC and in the referring facilities; the need for targeted and regular clinical mentorship; coordination of partners in terms of messages around case management.
- Availability of lab supplies, poor adherence to testing guidelines; poor linkage between lab information with case management and surveillance subcommittee resulting in mismatches in the line list.
- Inadequate stock of diarrheal kit and supplies (including Personal Protective equipment – PPE); High level advocacy requested to strengthen social mobilization efforts in engaging media and mobile companies
- Need for enhanced public health measure inform the population and raise further awareness

Water, Sanitation and Hygiene

Needs:

- WASH team (MOHSW, MOW, Dar es Salaam Region, CDC, UNICEF, WHO) to develop a detailed implementation plan and costing for the proposed WASH strategy approach to chlorinate water supplied to consumers.
- Strengthen other WASH promotion interventions such as: Personal hygiene and food safety promotion; Solid waste/excreta management including distribution and dissemination of IEC materials.
- Enforcement of Public Health by-laws
- Support implementation of intensive social mobilization and Household Water Treatment
- Mass communication through TV, radio (including community radios), SMS, champions on cholera prevention and control.
- Supplies for at least 3 months including water treatment chemicals; PUR, Aquatabs, hypochlorite, 15,000 kits.
- Engagement of more partners to support high affected regions outside Dar es Salaam e.g. Tanga

Response:

- Printing and distribution of 500,000 posters/leaflets on cholera in all affected regions on the mainland
- Social mobilization on cholera through TRCS and MOHSW including training of 50 volunteers.
- Procurement and Distribution of 1,500 cartons of aquatabs for household water treatment
- Provision of support to planning and implementation of intensive social mobilization and Household Water Treatment
- Social mobilization of the communities on personal hygiene, water and sanitation
- Chlorination and treatment of water sources and storage tanks
- Distribution of tap water filters in public places (Cholera treatment center, health facilities, schools)
- Conducting routine water sampling and laboratory analysis for contamination
- Training of 30 public health and environmental health officers on bulk chlorination and water quality testing
- 200 (150 in Ungunja and 50 in Pempa) boxes aquatabs and 300,000 cholera leaflets distributed in mosques, churches, madrasa and schools in Zanzibar
- Mapped and tested water from 300 wells, sensitized and oriented 200 food and 300 Mutaa leaders and water vendors developed pullup banners on cholera prevention in Morogoro

Planned response

- Mass communication through electronic print media; TV, Radio spots, SMS and community theatre
- Procurement and distribution of household water treatment kit (Pur, buckets, sieving cloth) in rural areas and aquatabs
- Procurement and distribution of 45,000kg sodium hypochloride (60-70% HTH) for water treatment and disinfection at water points.
- House to house social mobilization on cholera prevention and control
- Mobilize and train of 500 volunteers
- Joint water quality assessment monitoring of free chlorine residual in water supplies

- Finalize mapping and registration of water sources and quantification of water demand
- Intensify food safety and safe water storage promotion
- Solid waste/excreta management
- Enforcement of Public Health by-laws.

Gaps & Constraints:

- Only 59% of households in Dar es Salaam have access to piped water. Some illicit traders of water interfere with municipal water pipe system exposing the water to contamination with sewage. In this context, even water sources deemed “safe” have been contaminated.
- Limited enforcement of public health by-laws
- Capacity to respond to the ever increasing geographical spread of cholera in regions and districts outstrips current response capacity

General Coordination

The response if lead by the National Cholera Task Force; which comprises of regional and municipal authorities, Ministry of Health & Social Welfare (MOHSW, WHO, UNICEF, CDC and other partners). This has been activated and holds weekly coordination meetings. Six technical sub-committees have been formed at national level: Water, sanitation and hygiene (WASH); Social mobilization; Surveillance; Laboratory; Curative; Logistics and administrative sub-committees. The sub-committees meet on a daily basis to update on the response and the situation in their respective areas of responsibility. The sub-committees report to the national cholera task force and liaise with the implementing district health and local government authorities. The cholera response coordination structures are replicated at regional and district levels. The Government and local authorities are increasingly engaged and are expected to provide further funding to scale up response effort and mobilization of water and sanitation public utilities like DAWASCO (Dar es Salaam Water and Sewerage Corporation), DAWASA (Dar es Salaam Water Supply Authority) and water departments of the municipalities.

Daily Situation Reports through the Emergency Operations Centre are produced but there are delays in dissemination. The National Cholera Response Plan is being finalized to guide use of the availed government resources. MOHSW has secured some funding for support renovation of the EOC. Subcommittees were urged to submit daily reports and appoint focal persons to work in the EOC.

For Zanzibar a multi-sectoral Coordination Committee has been established under the leadership of the 2nd Vice President’s office, to tackle the cholera outbreak. Case management, community health education and social mobilization, contact and community death tracing and treatment of water sources are undergoing.

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