

**Regional Update 2 – Cholera Outbreaks in Southern Africa
24 December 2008**

REGIONAL CONTEXT

Cases of cholera continue to be reported throughout the region. The most critical situation continues to be in Zimbabwe, with more than 20,000 cases recorded. Ongoing migration and trade appear to have led to cholera outbreaks in countries bordering Zimbabwe. In South Africa, indigenous transmission has also become a reality. Zambia, Mozambique and Angola are also suffering from unrelated outbreaks. This year the epidemics have occurred earlier than usual, and there are concerns that cholera may spread further during the rainy season, which usually corresponds to the spreading of water-borne diseases. This is likely to be further compounded by population movement characteristic of this time of year, particularly from urban to rural areas. Concerns also exist that the procurement of additional supplies may be a challenge should a spike in cholera occur in the next few weeks because of the festive season.

Governments, UN, NGOs, International Organizations and other partners continue to respond to the crisis. Details are provided in the relevant sections below. In parallel, South African Development Community (SADC) has launched an international campaign called the Zimbabwe Humanitarian and Development Assistance Framework (ZHDAF), to mobilize financial and material resources. A SADC assessment on the cholera situation in Zimbabwe was discussed during a meeting of experts that took place in South Africa on 18 December. A further assessment to countries bordering Zimbabwe was suggested, prior to the elaboration of a regional action plan that would address the trans-border epidemics. Discussion is ongoing with partners to ensure harmonization and coordination of this initiative with ongoing governmental, UN, NGOs, and other partners' interventions in the region.

Regional Overview*

| Country | Timeline | Reported Cases | Deaths | CFR |
|--------------|---------------------|----------------|--------|-------|
| Angola | 1 Jan – 21 Dec 08 | 10,428 | 240 | 2.3% |
| Botswana | Nov – 17 Dec 08 | 8 | 0 | 0% |
| Mozambique | Oct 07 – 20 Dec 08 | 8,784 | 102 | 1.16% |
| South Africa | 15 Nov – 22 Dec 08 | 1,157 | 12 | 1.04% |
| Zambia | 10 Sept – 17 Dec 08 | 1,277 | 26 | 0.86% |
| Zimbabwe | 15 Aug - 18 Dec 08 | 20,896 | 1,123 | 5.4% |

* Source: WHO and relevant Ministries of Health. More data is being collected for other countries in the region.

STATUS BY COUNTRY

Angola

Current Situation - The cholera outbreak in Angola is still of high concern. Since 1 January 2008 to 21 December, a total of 10,428 cases and 240 deaths (CFR 2.3 percent) were recorded. This represents an increase of 486 cases and 11 deaths since the last update on 30 November. On week 50, a total of 131 new cases and 1 death, and on week 51 some 108 cases, no deaths, have been reported in Uíge (88), Kwanza Norte (19) and Luanda (1). Although the case reported in Luanda is yet to be confirmed, special attention is being paid as usually cholera outbreaks hit heavily the urban areas of Luanda and Benguela. The situation is expected to worsen as the rains intensify.

Response - WHO continues to support national authorities in strengthening coordination and response activities. In Uíge Province, local authorities installed five bladders and continue to carry out water trucking in affected areas. UNICEF and

OXFAM will provide an additional five bladders to be installed in other zones. Social Mobilization Officers are disinfecting wells, sensitizing communities and distributing water purification materials (Certeza) purchased by the provincial government. In Kwanza Norte Province, the Municipal Administrations is managing water trucking to minimize contamination caused by proximity of latrines to the community wells. The water department is digging additional boreholes, setting up small water systems and promoting construction of elevated latrines to avoid water contamination. The NGO, Population Services International (PSI) started distributing water treatment materials at water points. In Luanda Province, investigation and prevention activities are ongoing. The municipal administrations started water trucking and community mobilization activities. Household tanks disinfection in affected areas has also been planned. Distribution of water treatment materials to the population at water points is ongoing. As a long-term intervention, the water company EPAL continues extending the water network in Cacuaco and Viana.

Gaps - Although situation is relatively under control at present, social mobilization activities, distribution of water purification materials at water points and provision of water bladders should be intensified in preparation of the rainy season.

Botswana

Current Situation - WHO reports that as of 17 December, eight suspected, and three confirmed cases were reported in the country, all of them proceeding from Zimbabwe.

Response - Media reports indicate that the Ministry of Health (MoH) is offering free treatment to foreigners presenting cholera symptoms. The MoH, with the support of other government departments, including Water Affairs, and WHO is embarking on a comprehensive social mobilization campaign to sensitize the public on the symptoms of cholera. The MoH is also engaging stakeholders and community leaders to get prepared for a cholera outbreak after the first case was confirmed last month. IOM Plumtree (Zimbabwe) Reception and Support Centre on the Botswana-Zimbabwe border remains on standby in the event of an outbreak. It has received drugs and supplies, including cholera beds, to ensure that a Cholera Treatment Centre (CTC) can be immediately established should the need arise. An MSF emergency team from Zimbabwe traveled to Francistown, Botswana, to provide support as per needs, in collaboration with local authorities.

Mozambique

Current Situation - Cholera is becoming endemic in Mozambique. Since October 2007, ten provinces have reported cholera cases and the situation is expected to worsen during the rainy season. According to the Ministerio da Saude (MISAU), the Ministry of Health, up to 20 December 2008 a total of 8,784 cases of cholera and 102 deaths (CFR 1,16 percent) were reported. This represents an increase of 519 cases, and 9 deaths since the last report issued on 30 November. Some 185 cases and four deaths were recorded on week 50. On week 51, eight provinces reported a total of 153 cases (Zambesia 24; Tete 32; Maputo cidade 4; Maputo province 9; Manica 64 and Inhambane 20). Although in the last three weeks ten Zimbabwean nationals have been treated for cholera in the border district of Changara, at present there is no evidence of a significant trans-border epidemic between Zimbabwe and Mozambique. Rather, given the frequent population movement between the two countries along an expansive, porous border, sporadic cases of cholera continue to be reported in some border provinces, including in the districts of Changara, Guru and Mossurize and will likely persist. Partners continue to monitor the situation.

Response - MISAU is leading the response with WHO and UNICEF support. MISAU-WHO continues to carry out refresher training of Provincial Rapid Response Team (RRT) and training of trainers (TOT) on cholera outbreak investigation and management for a total of 153 technicians in Manica, Zambesia, Tete and Nampula provinces. In addition, WHO has provided financial support to the Provincial teams of Tete and Manica to control the cholera outbreak and continues to support MISAU in monitoring the evolution of the epidemic and strengthening epidemiological surveillance as well sharing information with border countries.

MISAU, with the support Oxfam, UNICEF and the Mozambican Red Cross Society, continue the National Sanitation Campaign and several partners are carrying out hygiene promotion, and Information, Education and Communication (IEC) campaigns on health, hygiene and sanitation in the affected provinces. MISAU dispatched teams to support provinces bordering Zimbabwe. A team of epidemiologists supported Inhambane Province to investigate an outbreak in Inharrime district, and assess water, sanitation and epidemiological conditions. There, they carried out orientation sessions on public health and water and sanitation measures. Two additional teams visited Zambesia, Manica and Tete provinces to monitor cholera containment measures in the districts bordering Malawi and Zimbabwe. Activities focused on strengthening surveillance, IEC and

disinfection of vehicles at the border. Another MoH team visited the districts of Chicualacuala and Massangena in Gaza Province (bordering Zimbabwe but still epidemic free) to assess the level of emergency preparedness. The team recommended to replenish drug stocks, intensify active surveillance for Acute Watery Diarrhea (AWD) and its management, including specimens analysis, and to obtain tents for a possible set up of Cholera Treatment Centers (CTCs). MISAU continues to manage CTCs in Alto Malocue and Tete. MSF deployed staff to run the CTC in Tsinda. UNICEF is supporting the Tete, Niassa, Manica and Zambesia Direcção Provincial da Saúde (DPSs), through provision of plastic buckets and basins, protection material, cholera beds and tents. UNICEF continues to support the national and provincial health authorities by monitoring the evolution of the epidemic and positioning supplies as appropriate, as well as providing support to the operational costs of the cholera outbreak.

In the water and sanitation cluster, the Direcção Provincial das Obras Públicas e Habitação (DPOPH), in partnership with Oxfam and MSF, continue water trucking (15,000 liters/day) to the affected areas, chlorination of wells, construction of latrines, and distribution of soap and jerry cans. UNICEF supported the DPOPH Manica plan to provide water to the CTC and the affected communities (water bladders, purification material, latrine slabs) and to support monitoring and supervision activities, especially in of Mossurize district. In addition, accelerated construction of sanitation facilities is ongoing to prevent further cholera outbreaks.

Gaps - At present there are no major gaps in the response. This is because the cholera outbreak is consistent with previous years, and agencies had pre-positioned supplies. Partners are closely monitoring the situation and advocating for more funding to be dedicated to strengthening of surveillance, preparedness, and community mobilization. Co-operation with NGOs, voluntary and other community-based organizations needs further strengthening. Beyond the immediate response to the outbreak, there is also a need to support long-term interventions, especially in the water and sanitation sector, together with preparedness activities such as refresher training for health workers, as well as strengthened surveillance in districts with high transmission risk, and in border districts to prevent further outbreaks in the future.

South Africa

Current Situation - According to the MoH, the number of cholera cases continues to increase, and have now been reported in all provinces of South Africa. Since the start of the epidemic on 15 November and up to 22 December 2008, a total of 1,157 cases and 12 deaths (CFR 1.04 percent) were reported countrywide. The most serious situation is recorded in Limpopo province, where a total of 1,072 cases and eight deaths have been reported. This is an increase of 688 cases and three deaths since the last report issued on 30 November. Vhembe district in Limpopo province has been declared a disaster area, but the outbreak has now affected other districts. Some 98 cases have been reported in Capricorn and 65 cases from 16 villages in Sekhukhune districts, the same area that was affected during the 1980 cholera outbreak. These districts are characterized by poor access to safe water and sanitation. Some 76 cases have also been reported in Gauteng province, including some 42 at the Methodist Church in Central Johannesburg. Most patients are Zimbabwean nationals, but there are increasing reports of indigenous transmission of the outbreak. The situation is expected to deteriorate in the next few weeks, because of the intensification of the rains and an increased migration movement linked to the festive season.

Response - At national level, the MoH is chairing a weekly cholera outbreak coordination meeting with the participation of all stakeholders. In Vhembe district in Limpopo province, The Joint Operation Centre, led by the district authorities, has been strengthened. Provincial and national disaster management structures have been activated. UN Agencies and NGOs have quickly increased their presence and stepped up operations in Vhembe district. A national and a Vhembe district response plan are being finalized. In order to prevent the spread of the disease and address all new cases in an efficient and effective manner, priorities have been established, such as raising awareness and improving detection. To this effect, the National Department of Health is calling on provincial and district departments as well as partners to report all new cases of acute watery diarrhea.

Cholera Treatment Centers (CTCs) in Musina and Madimbo improved hygienic and curative standards. Similar to the models put in place in Musina and Madimbo, isolation facilities and surveillance systems are being established in the rest of the Vhembe district according to needs. A serious challenge continues to be related to the timely collection of residential addresses in order to track patients and implement the community level interventions. Health practitioners who previously worked in Musina has been deployed to other districts to share their knowledge and better assist in effectively responding to new cases. WHO has deployed two specialists in support to the national and local MoH setups. The South African Red Crescent Society (SARCS) has supported the establishment of the CTC in Musina and distributed 6,000 ORS kits and protective

clothing and has also deployed four doctors to the area. In addition, national authorities have initiated a massive health promotion campaign with support from UNICEF, MSF, SC-UK and SARCS, whose 90 volunteers are available along the N1 to carry out an information campaign. An additional 300 SARCS volunteers have been mobilized for the distribution of water purification tablets and promotion of hygiene material to communities in Musina and Madimbo. UNICEF has increased its surge capacity through the deployment of both a water and sanitation (WASH) and an emergency specialists, UNICEF is also collaborating with a local NGO, Mvulo Trust, for water and sanitation activities, as well as information campaign.

Of particular concern is the situation at the showground Musina. The site is overpopulated and SARCS is now feeding at this location some 2,000 people a day. Concerns exist about poor access to basic services including water and sanitation, shelter and food. The problem at the showground is not only linked to cholera but also to the presence of migrant labor in addition to asylum seekers.

Gaps - UNICEF and has appealed for USD 1.4m to cover immediate needs for the period of December 2008 to May 2009. In the meantime, an emergency loan (EPF) of USD 375,000 has been made available to the country office. On 15 December 2008, SARCS launched its local emergency appeal for ZAR 1.5 million to support its cholera operations. The funds will be used to intensify cholera prevention activities being carried out by SARCS mainly in Musina and surrounding areas, in close cooperation with health authorities and other organizations.

Zambia

Current Situation - In Zambia, cholera is becoming endemic in urban areas and some fishing locations. Between 10 September and 17 December 2008, the country has recorded a total of 1,277 cholera cases and 26 deaths (CFR 0.86 percent), or a 6% increase in the number of cholera cases during the same period in 2007. The current caseload in Lusaka (158) has increased by almost 50% compared to the same period in 2007. In Siavonga, a town bordering Zimbabwe, five more cases have been reported, compared to the two in previous weeks. Cholera has also spread to the Southern Province in the town of Mazabuka, Kalomo, and Livingstone districts at the border with Zimbabwe. CTCs have been established in all these locations. It is yet to be confirmed whether the cholera outbreak in Zimbabwe has exacerbated the situation, especially in the border towns. The reason for the increased caseload in Lusaka has not been traced at present. It is expected that the outbreak will intensify during the rainy season.

Response – A MoH and WHO surveillance team traveled to the Zimbabwe/Zambia border districts of Siavonga, Chirundu and Livingstone in order to monitor the disease situation and support mitigation measures. The Ministries of Health, Local Government and Housing have developed an emergency response plan including preventive, promotional and curative services to mitigate the outbreak. Stakeholders indicated that removal of street vendors; orientation of medical personnel and training was urgently required and appealed for scaling up sensitization campaigns.

Gaps - At present, the Government has been able to respond to the needs and has requested for limited assistance from some UN partners in terms of material supplies (chlorine and other water treatment materials). The total government budget for the response stands at approximately USD 3.4 million, with a funding gap of about USD 2.5 million. UN and NGOs stand ready to provide technical, material and financial support.

Zimbabwe

Current Situation - As of 18 December the total suspected cholera cases in Zimbabwe stood at 20,896, with 1,123 deaths (CFR 5.4 percent). Some nine out of ten provinces (48 out of 62 districts) have been affected so far by the epidemics. During the past few weeks, increases have been recorded in both cholera cases and deaths. Lack of clean drinking water and sanitation, weak health services, and a health staff strike, continue to persist. Health staff has not been paid because of shortage of banknotes.

Response - Partners are working with the Ministry of Health and Child Welfare (MHCW) to respond to the outbreak. On behalf of the Health Cluster, WHO has finalized a US\$5.9 million proposal to fast-track a Cholera Command and Control Centre (C4), appoint a Health Cluster Coordinator and procure supplies and equipment for supporting 50 new CTCs. A consignment of 22MT of medical supplies was flown into Harare, with additional supplies being mobilized. IOM and partners intensified cholera treatment activities at the Beitbridge and Plumtree Reception and Support Centers – facilities that normally assist returning migrants from South Africa and Botswana, respectively. Following an assessment, IOM, in coordination with the

local authorities, is mobilizing resources to provide medical supplies, IV fluids and support staff. MSF Holland, Luxembourg and Spain are the main medical emergency agencies running or supporting CTCs, countrywide. MSF has conducted an assessment in towns bordering Zambia where cases were reported. MSF Holland and Spain have been providing care and assessments in Chegutu, where more than 600 cases have been recorded. World Vision International (WVI) provided the MHCW with cholera supplies worth USD 7 million. Plan Zimbabwe is mobilizing resources for the outbreak, and Help Germany was scheduled to receive a consignment of medical supplies on 12 December and has made a plea for more donations. IFRC are also running operations throughout the country. UNICEF has been intensifying support to CTCs across the country through the provision of medical supplies to CTCs, and, together with IOM, is distributing posters promoting cholera control practices in border areas.

Oxfam is coordinating hygiene promotion for the Water and Sanitation (WASH) cluster. UNICEF dispatched a 30 cubic meter tanker for water trucking to Chegutu. German Agro Action and UNICEF has provided four-month supply of water treatment chemicals for all towns in Zimbabwe, distributed water treatment tablets and drilled boreholes in affected areas. Global Medic, WVI and local partners are distributing 1.4 million water purification tablets and 96,000 Oral Rehydration Salts (ORS) sachets. UNICEF and the NGO Humanistisch Instituut voor Ontwikkelingssamenwerking (HIVOS) are supporting Harare City Council in garbage collection and refuse removal.

WFP has been working on a food support protocol for CTCs. A proposal has been also developed for consideration by the Emergency Response Fund for logistical support to the cholera response. The next operational phase will focus on identifying food operators in relevant CTCs in coordination with C-SAFE and medical operators to ensure maximization of resources and avoid duplication of efforts.

Gaps - The Cholera Operational Response Plan identifies as a main issues the provision of incentives to health workers to guarantee medical services, and strengthening case investigation and hygiene promotion. There is a need to provide additional safe drinking water in health facilities, strengthening of disease reporting, monitoring and assessment and speed up procurement of additional cholera treatment supplies. The overall response concerning the curative aspects of the outbreak is ongoing, while gaps remain in prevention activities; social mobilization and health promotion remain. Partners agreed that a community-based approach should be adopted to intensify and widen mobilization and supply distribution. Furthermore, as water and sanitation facilities and infrastructure do not provide regular water supply to densely populated areas, there is a need to scale up water trucking operations.

Daily and weekly reports on the cholera outbreak in Zimbabwe are available at: <http://ochaonline.un.org/Zimbabwe>.

FUNDING

OCHA Financial Tracking Services (FTS) is going to upload a page for donors and partners to provide information on donations and pledges to the cholera response in the region. Information available will be presented in the next update. Partners are encouraged to send information to FTS at fts@reliefweb.int, copying Georges Tadonki (tadonki@un.org) and Michelle Tulkanam (tulkanam@un.org).

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