



**Regional Update No. 9 – Cholera/Acute Watery Diarrhoea Outbreaks in Southern Africa  
17 April 2009**

**HIGHLIGHTS / KEY PRIORITIES**

- ✓ Rate of new cholera cases continue to show a downward trend since the issuing of the last regional update issued on 3 April 2009.
- ✓ Heavy rains and flooding over most countries already affected by cholera could result in an upsurge of cholera cases in the coming weeks.
- ✓ Botswana, Malawi and South Africa have initiated either lessons learned exercises to review responses or update and/or developing contingency plans particularly for epidemics.

**REGIONAL CONTEXT**

Regionally, the number of new cholera cases continue to show a downward trend as indicated by 4,579 new cases and 4,686 deaths (CFR 1.3%) as compared to 6,460 new cases and 87 deaths (CFR 1.3%) reported in the last regional update issued on 3 April 2009. Despite, heavy rainfall and flooding in countries already affected by cholera, there is no evidence to suggest a spike in cases. While, the cholera epidemic appears to be waning, health authorities emphasise the need to remain vigilant

Flooding in the region has affected more than 1.2 million people of which 144,682 people are displaced in **Angola, Namibia, Mozambique, Malawi, Zambia and Madagascar (not reporting cholera)**. Those displaced lack access to shelter, water and sanitation facilities and are higher risk of contracting cholera. Cholera could re-appear in the coming one to three weeks, when flood waters subside and become stagnant. UN Country Teams and humanitarian partners need to expedite response interventions to ensure that humanitarian needs to those affected by floods are met to contain and prevent an upsurge in cholera.

In Botswana, Malawi and South Africa, as the cholera epidemic begins to stabilise, these countries are undertaking lessons learned exercises and/or revising contingency plans to be better prepared for epidemics, including cholera. **Overall, the duration and magnitude of the epidemic stresses the need for strengthening surveillance, preparedness and response plans in all countries, particularly in districts with high transmission risk and border districts to countries affected by cholera.**

**Table 1: Regional Overview of Cholera / Acute Watery Diarrhoea (AWD)**

Country	Reported Cases	Reported Deaths	Case Fatality Rate (CFR %)	Time Period
Angola	5,478	60	1.1	01/01/08 – 05/04/09
Botswana	15	2	13.3	01/11/08 – 17/04/09
Malawi	5,170	113	2.2	15/11/08 – 17/04/09
Mozambique*	15,649	133	0.8	01/01/09 -11/04/09
Namibia**	203	9	4.4	22/10/08 – 14/04/09
South Africa	12,765	64	0.5	15/11/08 – 10/04/09
Swaziland***	13,278	0	0	22/12/08 – 28/03/09
Zambia	7,412	151	2.0	10/09/08 – 09/04/09
Zimbabwe	95,738	4,154	4.3	15/08/08 – 10/04/09
<b>TOTAL</b>	<b>155,708</b>	<b>4,686</b>	<b>3.0</b>	

Source: Ministries of Health, WHO

\* Mozambique: Includes only 2009 figures. MoH is currently reconciling 2008 figures.

\*\* Namibia: Includes cholera cases and Acute Watery Diarrhoea AWD cases. No new data received.

\*\*\* Swaziland: No cases of cholera have been confirmed, only AWD.

## Angola

**Current Situation** – From 28 March to 5 April 2009, the country reported 18 new cases and no deaths. Cumulatively, the country has a total of 5,478 cases and 60 deaths (CFR 1.1%). Excessive rainfall in the southern and central provinces of Bie, Cunene, Huambo, Kuando Kubango and Moxico, have raised concern over a potential spike in cholera in the coming weeks. While, there have been no confirmed cases of cholera due to flooding, emergency planning and response mechanisms have been intensified.

**Response** – Cunene and Kuando Kubango provinces have been the hardest hit by floods resulting in displacement. Consequently, UNICEF in partnership with Oxfam will provide water and sanitation materials for 25,000 flood-affected people in three relocation camps in Ondjiva. Cholera Treatment Centres (CTCs) remains active in main municipal hospitals and additional treatment supplies (especially ringer lactate) are ready for supplementary pre-positioning. Due to the high caseload of cholera in Huila and Malange, an assessment mission is planned in the coming weeks.

UNICEF received US\$ 1,2 million from the Central Emergency Response Fund (CERF) to provide access to safe water and public sanitation. Of this amount, US\$ 907,500 will be used to provide immediate life-saving safe water infrastructure in the camps for the displaced as well as in severely affected areas.

**Gap/s** – None

## Botswana

**Current Situation** – No new cases of cholera have been reported in the country since 3 March 2009. Cumulatively, there were 15 cases and two deaths (CFR 13.3) registered for the period 15 November 2008 to 28 March 2009. Majority of the cases were due to trans-border infections.

**Response** – The United Nations Country Team (UNCT) is developing a Contingency Plan. The Regional Office for the Coordination of Humanitarian Affairs for Southern Africa (OCHA ROSA) is providing technical advice and support.

## Malawi

**Current Situation** – A total of 128 new cases with three deaths were reported from 5 to 12 April 2009 in six districts out of 23 districts. Since 15 November 2008, there are a total of 5,170 cases of cholera and 113 deaths (CFR 2.2%). Lilongwe remains the most affected district in the capital, in the central region with 2,225 cases and 57 deaths (CFR2.5%) accounting for 44% of the national caseload and 50% of all deaths nationwide. Demographic data of those affected show that approximately 51.4% of people affected are women, 15.8 % are children under five-years of age and nearly 21% are children between the ages of 6 and 14 years old.

**Response** – Despite the decline in cholera cases, efforts continue in community mobilisation particularly in the villages along the Shire River due to recent flooding. Social mobilisation activities are being implemented through health talks, participatory drama and mainstream media. Ongoing control activities include chlorination of water at household level.

The Ministry of Health (MoH), UN and NGOs will be developing a national cholera policy. A lesson learned exercise on the cholera response will be conducted in late May and/or early June to review the current outbreak and opportunities for improvement for the next cholera season.

**Gap/s** – Funds are needed urgently for the printing and distribution of the revised Cholera Treatment and Control Guidelines and accompanying Information, Education and Communication (IEC) materials.

## Mozambique

**Current Situation** – Between 28 March to 11 April 2009, 1,201 new cases and 11 deaths (CFR 0.9%) were recorded. Since January 2008, cumulatively, there were 15,649 cases and 133 deaths (0.8%) registered in 52 out of 144 districts in 11 provinces as per the following: Maputo province (146 cases and 3 deaths(CFR0.8%); Maputo City (1,283 cases and 7 deaths; Cabo Delgado (2,654cases and 37 deaths); Manica (2,064 cases and 6 deaths); Tete (1,324 cases and 14 deaths); Zambezia (2,768 cases and 25 deaths); Nampula (3,380 cases and 23 deaths); Niassa (506 cases and 11 deaths); Sofala (1,359 cases and 3 deaths); Inhambane ( 37 cases and 4 deaths) and Gaza (128 cases and zero deaths).

**Response** – MoH in partnership with WHO and UNICEF are implementing a cholera control and refresher training course, with DFID funding. Additionally, WHO is supporting MOH in the reproduction and dissemination of IEC materials and pre-positioning stockpiles of critical needs. The new manual on cholera prevention and control including AWD are being distributed to the affected districts.

At central level, efforts are ongoing to develop a national cholera strategy and on 22 April 2009, a broad-based meeting involving all concerned MoH departments, UN agencies and NGO's will be convened to develop the multi-year inter-sectoral strategic plan to fight cholera.

DFID funding in support of cholera response activities are being utilised for (i) the procurement of 70,000 bottles of bleach; (ii) the implementation of cholera response activities in Niassa Province (Cuamba District), Zambezia Province (Chinde District) and Maputo Municipality by the respective WASH Cluster partners (Oxfam, International Relief and Development (IRD) and ADJM); and (iii) the completion of a small piped water system in a resettlement centre in Mutarara District in Tete Province, which had been initiated during the 2008 emergency response in collaboration with the two cluster partners World Vision and Oxfam International.

Save the Children in close collaboration with provincial and district authorities is finalizing a project proposal for the implementation of cholera response activities in Nampula province. Remaining funds will be used for the implementation of cholera response activities in Quelimane Municipality in Zambezia province and the procurement of de-watering pumps for cleaning potential contaminated water sources.

In the affected provinces of Manica, Sofala, Niassa, Tete, Zambezia, Nampula and Cabo Delgado, provincial and district health authorities continue to implement cholera response activities agreed upon in the respective provincial integrated response plans, including assessments of the sanitary situation in affected areas and implementation of prevention activities.

**Gap/s – Additional funds are needed to strengthen surveillance, preparedness and response, particularly in districts with high transmission risk and border districts to countries affected by cholera.**

## Namibia

**Current Situation** – Since 22 October 2008 to 14 April 2009, a cumulative total of 203 cases and 9 deaths (CFR 4.4%) were reported from Opuwo and Okangwati districts in the Kunene region. The Kunene Region is the only cholera affected area in the country.

**Response** - Cholera Treatment Centres, the provision of potable water from Namwater (Water Company) and social mobilization campaigns aimed at basic hygienic practices have contained the cholera outbreak from spreading to other regions. Technical support from the Ministry of Health and Social Services (MoHSS) and WHO have provided training to health workers on cholera case surveillance and management. Medical supplies for the testing of *Vibrio cholera* have also been distributed. Due to extensive flooding, the MoHSS is monitoring the situation closely and weekly emergency meetings are being held at the national level.

**Gap/s – None**

## South Africa

**Current Situation** – There were 25 new cases and no deaths reported from 28 March to 10 April 2009. From 11 November 2008 to 11 April 2009, a total of 12,765 cases of cholera and 64 related deaths (CFR0.5%) were reported in all the nine provinces of South Africa; including 5,520 cases in Limpopo, 6,855 cases in Mpumalanga; 286 cases in Gauteng and 104 cases in the remaining six provinces.

The pilgrimage to Moria, east of Polokwane in Limpopo during Easter, which attracts up to three million people, took place with no reports of cholera at Mankweng Hospital. The event highlights the need for authorities to have emergency response plans for epidemics in place, particularly in light of the 2010 FIFA World Cup.

The cholera epidemic appears to be coming to an end. However, the Department of Health will not declare it over until three full weeks have passed with no active cholera cases received in any health facility, given that only a small fraction of cholera cases make their way to a Cholera Treatment Centre (CTC) or a hospital.

**Response** - In Limpopo province, the National Cholera Outbreak Committee (NCOC) plans to conduct a comprehensive review of the cholera response to develop lessons learned to ensure improved preparedness and response activities for any future epidemic. Emergency contingency plans, in particular for epidemics, such as cholera is being undertaken. A major challenge faced by the WASH cluster is the lack of any resident WASH programme staff because UNICEF, the Cluster Lead lacks this capacity. As a result, OXFAM has agreed to be the cluster coordinator until completion of the Contingency Plan. OXFAM has signalled its willingness to support sector needs up to a displaced population of 200,000 in case of an emergency. Thereafter, OXFAM would seek additional funds.

The WASH Cluster conducted a review of its response to the cholera outbreak in South Africa and found cholera was largely transmitted at mass gatherings. In Limpopo Province, cholera transmissions were associated with funerals of cholera victims. UNICEF is developing a research proposal which seeks to establish how communities would be able to adapt (rather than abolish) these funeral customs to reduce or eliminate transmission of cholera. The results, when available, will be used to inform hygiene promotion staff on how to approach this sensitive issue.

Migrant farm workers in Limpopo Province have been identified as high-risk of cholera transmission particularly during the harvest periods. The International Organisation for Migration (IOM) is collaborating with provincial authorities and farm associations to distribute up to 10,000 hygiene kits and jerry-cans to mobile and vulnerable populations targeted through the Weipe Farmers Association, Nzhelele Farmers' Association, Mopani Farmers Association and Nwanedi Farmers' Association. Since February 2009, 3,080 vulnerable beneficiaries were reached on farms and via the Nzhelele Farmers' Association. At present, IOM through the Weipe Farmers' Association and the Mopani Farmers Association will distribute hygiene kits and jerry-cans to another 3,046 workers. The last phase of distribution will be Nwanedi Farmers' Association and local shelters in Nancefield, which will be reached by June 2009.

**Gaps – None**

## Swaziland

**Current Situation** – There were 778 new cases of Acute Watery Diarrhoea (AWD) reported from 14 to 28 March 2009. The country has a cumulative of 13,278 cases of Acute Watery Diarrhoea (AWD) and no deaths since 22 December 2008. There is a need for strengthening laboratory testing in order to confirm the existing cases of AWD as cholera.

**Response** – To strengthen case testing and case management, five facilities have been selected and given rapid testing kits for cholera and acute watery diarrhoea. Social mobilisation campaigns focused on community hygiene practices and safe water use are being intensified.

**Gaps – Need for additional resources for social mobilisation campaigns at district level.**

## Zambia

**Current Situation** – From 10 September 2008 to 15 April 2009, the country recorded a cumulative of 7,412 cases and 151 deaths (CFR 2.0%) in 31 districts in eight provinces of the country. The cumulative number of cholera deaths includes brought-in-deaths (BIDS - refers to suspected cholera deaths). Lusaka Province remains the most affected with 5,006 cases and 101 deaths (CFR 2.0%), followed by Southern province with 653 cases and 13 deaths (CFR 2.0%) and then Luapula province with 567 cases and 9 deaths (CFR 1.5%).

Excessive rainfall experienced in Lusaka, the Western, Eastern, Central and northern parts of the country, pose a risk of an upsurge in cholera. As the end of the rainy season approaches, cholera caseloads are reducing in recent weeks – although it may increase with floods in Zambia’s Western and North-western provinces. At present, there is no evidence of recent cholera cases in areas of the country currently affected by floods. UNICEF analysed health data to assess the relationship between cholera and the rainy season in Lusaka. Findings showed that the escalation of cholera cases largely coincides with Zambia’s rainy season (November to April). Between 2003 and 2008, 94% of cholera cases in Lusaka occurred during the rainfall season (November to March) however in 2004 and 2005 a small number of cholera cases were recorded prior to the onset of the rains. Despite this positive picture, MoH and partners emphasise the need for intensive monitoring and surveillance in the areas affected by flooding.

**Response** – To respond to high number of cholera cases in Lusaka, UNICEF has US\$96,000 to the Lusaka City Council for contact tracing, garbage collection, food and water contaminant tracing, inspection of facilities and water points, and community sensitization. Social mobilisation campaigns focused on hygiene and latrine utilisation in areas with inadequate toilet is ongoing. Cholera is becoming endemic. A comprehensive strategic Cholera preparedness and response plan is needed. To achieve this, UNICEF will be convening a meeting with Government to discuss this.

**Gap/s – Cholera is becoming endemic. A comprehensive strategic Cholera preparedness and response plan is needed.**

## Zimbabwe

**Current Situation** – The cumulative number of cases reported since August 2008 to 8 April 2009 stands at 95,738 with 4,154 deaths (CFR4.3%). To date, 60 out of 62 districts in all 10 provinces have been affected. Overall, there has been a decline in cholera cases reported in all affected districts, except Harare and Mashonaland West provinces which still account for the bulk of cases. Community deaths remain high at 61.4%. The districts reporting a high number of community deaths include Shamva, Kadoma, Makoni and Harare. Cholera cases have also been reported at prisons and include Chimanimani, Chipinge and Bindura.

**Response** – Due to the increase in cases occurring in Harare and Chitungwiza the Water, Sanitation and Hygiene (WASH) cluster has increased its efforts in distributing hygiene kits. As at the second week of April 2009, over 56,000 kits have been distributed in Harare and 9,500 in Chitungwiza. Trucking of 50,000 litres of water per day continues to those areas of Chitungwiza without water, bringing the total amount delivered to 300,000 litres to date. Ninety-nine boreholes have been completed in Harare, Norton and Chegutu. Implementing partners continue to conduct training, distribute Non-food-items (NFIs) kits and to rehabilitate water points in all cholera affected districts. The WASH cluster has completed the Terms of Reference for an evaluation of the cholera response in 2008/09 and the development of a preparedness plan.

In response to the upsurge in cases in Binga, the logistics team sent emergency supplies for treatment of cholera, disinfectant and chlorine to Binga District Hospital as part of the push strategy. The Cholera Command and Control Centre (C4) conducted a case management workshop for health workers, including doctors and nurses from Mashonaland West as well as the medical services team from the uniformed forces. A total of 53 participants attended the workshop, which is the last in a series of case management workshops at provincial level. Members of the team from the International Centre for Diarrhoeal Diseases Research (ICDDR), Bangladesh and other members of the C4 case management team facilitated the training.

In light of the cholera cases being reported in prisons, the Director of Epidemiology and Disease Control in the Ministry of Health and Child Welfare (MoHCW) met with the Director of Medical Services in Prisons to discuss the need to stop putting remandees with regular prisoners as this caused the spread of cholera in the prisons. Prisons that have been affected in the past few weeks include, Chimanimani, Chipinge and most recently Bindura.

Following the decline in cholera cases, it is expected that the provision of free transportation will be discontinued by end of April or mid-May at the latest. However, the warehousing services in the five hubs are expected to continue as large amounts of cholera response supplies are still being received in the country.

**Gap/s – Continued surveillance and verification of reports throughout the country**

For more information refer to: <http://ochaonline.un.org/zimbabwe>.

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