



Regional Update No. 3 – Cholera Outbreaks in South Africa 9 January 2009

REGIONAL CONTEXT

Cases of cholera continue to be reported throughout the region. Zimbabwe remains the most critical situation, with more than 35,000 reported cases. This crisis appears to have led to outbreaks in bordering countries, although Angola, Mozambique and Zambia are also experiencing unrelated seasonal outbreaks. In South Africa local transmission of the disease is increasing. There are concerns that, as the rainy season starts, the disease will spread even further.

A delegation of the Southern Africa Development Community (SADC) leaders, composed of the Democratic Republic of the Congo, Zambia and South Africa (who is currently chairing SADC), visited Zimbabwe on 21 December 2008. It was agreed that support to Zimbabwe will be channeled to non-partisan partners at local and provincial level, and that neighboring countries will be allowed to assist border communities in Zimbabwe directly. Subsequently South Africa distributed a ZAR 300 million (about USD 32 million) agricultural aid package to Zimbabwe.

Table 1: Regional Overview of Cholera Situation

Country	Reported Cases	Reported Deaths	Case Fatality Rate (CFR)	Time Period
Angola	1,183	21	1.78%	01 Oct 08 - 04 Jan 09
Botswana	5	0	0.00%	01 Nov 08 - 08 Jan 09
Malawi	370	13	3.51%	15 Nov 08 - 06 Jan 09
Mozambique	10,066	113	1.12%	01 Oct 07 - 04 Jan 09
South Africa	1,608	14	0.87%	15 Nov 08 - 05 Jan 09
Zambia	1,759	21	1.19%	19 Sep 08 - 06 Jan 09
Zimbabwe	35,330	1,753	4.96%	15 Aug 08 - 06 Jan 09

Source: Ministries of Health, WHO.

STATUS BY COUNTRY

Angola

Current Situation - In Angola the cholera epidemic continues to spread. Between 1 October 2008 and 4 January 2009, a total of 1,183 cases including 21 deaths have been reported (CFR 1.8%). For the week 29 December 2008 to 4 January 2009 cases were reported in the provinces of Uige (38), Huila (6) and Kwanza Norte (28). Heavy rains, which usually increase the spread of water-borne diseases such as cholera, have started in the northern part of the country, where about 50 houses collapsed in the province of Lunda Sul.

Response – The Ministry of Health (MoH), with support from the World Health Organization (WHO), conducted a Cholera Epidemic Preparedness and Response training in Kwanza Norte Province. Thirty-six people from the provinces of Malanje, Bengo and Kwanza Norte were trained in case management, investigation, and notification and reporting. UNICEF is supporting the Cholera Treatment Centre (CTC) with medical supplies and a 15m³ bladder tank and, in partnership with OXFAM, will be distributing 10 more 15m³ bladder tanks in Uige Province for installation in areas where safe water availability is critical. Secut Bagus, a national Non-Governmental Organization (NGO), is conducting social mobilization activities in some localities in Uige Province, with funding provided by UNICEF for Water Sanitation and Hygiene (WASH) programmes.

Viral Hemorrhagic Fever (VHF)/Ebola Epidemic Preparedness - Angola shares an extensive border with the Democratic Republic of the Congo (DRC), where an outbreak of Ebola has been reported. The Government of Angola has reactivated the National Task Force Committee on VHF/Ebola, lead by the Prime Minister and including various partners and stakeholders (similar to the one created during the Marburg epidemic). To date, no VHF/Ebola cases have been reported in Angola. Measures taken by Angola include the closure of the northeast border with Angola and DRC to restrict the movement of people and goods and prevent the spread of the disease. A joint assessment mission (including MoH, WHO, UNICEF and other partners) will visit the bordering provinces of Lunda Sul, Lunda Norte, Moxico, Malanje and Uije). UNICEF has been requested by the MoH to provide the mission with supplies including hypochlorite calcium, soap, water tablet treatment, etc.

Gaps - In view of the expected heavy rains and related potential increase in the transmission of cholera, there remains a serious concern that the Government is not prioritizing enough spending in containing the epidemics. Emergency funding may be required to meet immediate life saving needs.

Botswana

Current Situation - WHO reports that as of 8 January 2009 five confirmed cases were reported in the country, all of whom had recently travelled to Zimbabwe.

Response – The MoH is offering free treatment to foreign nationals 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 have been engaging stakeholders and community leaders to prepare for a cholera outbreak after the first case was confirmed last month. The International Organization for Migration (IOM) Plumtree Reception and Support Centre on the Zimbabwe side of 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 CTC can be immediately established should the need arise.

Malawi

Current Situation – On 15 November 2008, one case of cholera was confirmed in Blantyre, Southern Malawi, affecting a person who has recently travelled to Zimbabwe. Since then, no new cases have been reported in Blantyre. Since 17 November 2008, an unrelated cholera outbreak has been confirmed in Lilongwe district, Central Malawi. Out of 28 districts, only these two districts have reported cases. As of 4 January 2009, the total number of cases is 370 (1 in Blantyre, 369 in Lilongwe district) with 13 deaths (all in Lilongwe) (CFR 3.5%).

Response – The WHO country office (WCO) and other partners, including UNICEF, GTZ, Malawi Red Cross Society and Life Line, have responded positively to the request made by the MoH on 12 December 2008 for support to their cholera response. WCO has contributed USD 10,000 towards the procurement of cholera supplies, and is providing technical support on Information, Education, and Communication (IEC), case management, joint supportive supervision, and quantification of cholera supplies, identification of gaps and the facilitation of support from partners to avoid duplication. UNICEF is providing cholera supplies, as well as financial and technical support in IEC and supervision.

Gaps - Despite the support from partners, there are still gaps in critical cholera supplies remain, specifically: chlorine, cholera beds, disposable aprons and gum boots. There is also a need for financial support for: 1) the printing of IEC materials, including large posters on Cholera Treatment Guidelines to be posted on the wall in the CTCs; 2) training/briefing of key health workers on the management of cholera cases; and 3) regular supportive supervision by national and district officials.

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), as of 4 January 2009, a total of 10,066 cases of cholera, including 113 deaths (CFR 1.12%), have been

reported. This represents an increase of 1,282 cases and 11 deaths since the last regional Update issued on 24 December 2008. At present there is no evidence of a significant trans-border epidemic between Zimbabwe and Mozambique.

Response - MISAU is leading the response with WHO and UNICEF support. MISAU and WHO continue to carry out refresher training of Provincial Rapid Response Teams (RRT) and have conducted training of trainers (TOT) on cholera outbreak investigation and management for a total of 153 technicians trained 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 from Oxfam, UNICEF and the Mozambican Red Cross Society, continue the National Sanitation Campaign and several partners are carrying out hygiene promotion and IEC campaigns on health, hygiene and sanitation in the affected provinces. MISAU have also dispatched teams to support provinces bordering Zimbabwe. A team of epidemiologists supported Inhambane Province to investigate an outbreak in Inharrime district; assess water, sanitation and epidemiological conditions; and carry 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 focus on strengthening surveillance, conducting IEC campaigns and disinfecting vehicles at the Mozambique-Zimbabwe border. Another MISAU team visited the districts of Chicualacuala and Massangena in Gaza Province (bordering Zimbabwe but still cholera free) to assess the level of emergency preparedness. The team recommended the replenishment of drug stocks, intensifying active surveillance for Acute Watery Diarrhea (AWD) and its management (including specimen analysis) and obtaining tents for the possible construction of CTCs. MISAU continues to manage CTCs in Alto Malocue and Tete Provinces. Doctors Without Borders (MSF) has deployed staff to manage the CTC in Tsinda. UNICEF is supporting the Tete, Niassa, Manica and Zambesia Direcção Provincial da Saúde (DPSs) through the provision of plastic buckets and basins, protection material, cholera beds and tents. Furthermore, 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 WASH cluster, the Direcção Provincial das Obras Públicas e Habitação (DPOPH), in partnership with Oxfam and MSF, continue water trucking (15,000 liters/day) to affected areas, as well as chlorinate wells, construct latrines, and distribute soap and jerry cans. UNICEF supported the plan of DPOPH Manica to provide water, water bladders, purification material and latrine slabs to the CTCs and affected communities, and to support monitoring and supervision activities, especially in Mossurize District. In addition, 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. Cooperation 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 and strengthening surveillance in districts with high transmission risk (including border districts) to prevent further outbreaks in the future.

South Africa

Current Situation – Local transmission of the disease is increasing, and new cases of cholera continue to be reported in different parts of the country. As of 5 January 2009, a total of 1,608 cases and 14 deaths have been reported (for a CFR 0.87%). This is an increase of 451 cases and 2 deaths since the previous Regional Update on 24 December 2008. Limpopo Province, which borders Zimbabwe, continues to be the most affected, with 1,476 cases and 9 deaths. Between 4 and 5 January 2009, Gauteng Province experienced a spike in the number of cases from 77 to 119. In Western Cape Province, 4 cases were confirmed in Khyalitsa Informal Settlement.

Response - At the multi-sectoral Cholera Outbreak Committee meeting held on 5 January 2009, a national draft action plan was accepted as a working document for the whole country. This plan aims at coordinating the response to the current outbreak. A response plan for Vhembe District in Limpopo Province, recently declared a disaster area, has also been finalized.

National situation reports continue to be issued by National Department of Health (NDoH) and WHO, and regular meetings are convened with partners. Government has a pre-established a national surveillance system, which includes active case findings backed by strong laboratory capacity. Furthermore, the National Institute for Communicable Diseases (NICD) will be supporting the implementation of cholera mortality audits. In Vhembe District, medical personnel are mobilized and mobile teams have been activated to respond to any further outbreak, while CTCs have been established as and when needed. There are an adequate number of trained health workers, and further training has commenced in affected areas, supported by MSF. Health workers from other parts of the country have also been redeployed to affected areas. MSF is assisting with active case finding and treatment. The South Africa Red Cross Society (SARCS) has also provided doctors to assist in case management. WHO has deployed two experts, and UNICEF has deployed a Water and Sanitation (WATSAN) and an emergency specialist, all to support national and local DoH structures. Partners, including SA Military Health Service (SAMHS), are mobilized to support upon request.

Supplies are sufficient for the current caseload. UNICEF has provided USD 65,526 worth of water storage materials, water purification products, IEC materials, and sanitation and hygiene stocks. SARCS, IOM, Save the Children UK (SC-UK) and MSF are all providing material support in Limpopo Province. IOM is responding to the immediate hygiene needs of mobile vulnerable populations in Northern Limpopo. In Johannesburg, in Gauteng Province, MSF is providing medical treatment and improving sanitation conditions at the Central Methodist Church, where at least 42 cholera cases have been reported, as well as distributing IEC materials at transit points throughout the city.

The water system in South Africa is functioning adequately. The Department of Water Affairs and Forestry (DWAf) is strengthening the system in areas identified as requiring support, and monitoring water quality throughout the country. In cholera-affected areas, DWAf distributes water by tankers until the safety of local water sources is established. In Limpopo Province, DWAf, UNICEF and Mvula Trust (a national NGO) are providing safe water and sanitation facilities and distributing water purification products (bleach) to farms in the Vhembe District, coupled with hygiene messages focusing on proper water handling, storage and use.

The Primary Health Cluster is finalizing a National Communication Strategy Plan. UNICEF, Mvula Trust, IOM, SARCS and SC-UK are involved in hygiene promotion and social mobilization activities in Limpopo Province. Community mobilization teams composed of DWAf, DoH and Mvula Trust field workers are visiting all farms in the affected areas. At a meeting with the social mobilization teams and NGOs involved in Health Promotion it was agreed that in order to counter contradicting messages, all information will originate centrally from the NDoH, and the Health Promotion Committee will be responsible for drawing up a schedule of visits to ensure that all high risk areas are covered and to avoid duplication.

Gaps - Government has requested partners working with vulnerable groups to assist in active case finding. There is also a need for more intensive public awareness on the importance of personal and food hygiene, household water safety and vigilance on sanitation, especially during public gatherings (e.g. the development and dissemination of IEC materials in all local language throughout the country).

Zambia

Current Situation - Since 19 September 2008, Zambia has recorded 1,759 cases including 21 deaths (CFR 1.19%). This is an increase of 482 cases and 10 deaths since the previous Regional Update on 24 December 2008. Cases have been reported in 6 of the 9 provinces and 11 of 72 districts. There have been no reported cholera cases in the provinces of Luapula, North-Western and Northern since 7 December 2008.

Response - Since 24 December 2008, the UN has provided 7,500 boxes (each containing 12 X 250 ml bottles) of chlorine and 300 boxes (20 bars per box) of soap to meet the cholera prevention and management needs of Lusaka, Kafue, Chongwe and Luangwa Districts. By 2 January 2009, a total of 9,632 crates of chlorine will be distributed, and 16,500 additional boxes of chlorine have been ordered. The MoH communications sub-committee is scaling up awareness efforts through drama, radio public service announcements, posters, flyers and newspaper announcements. The radio programmes are being broadcast nationally on ZNBC.

Gaps - At the moment there are no large scale needs. To this end, the MoH is approaching agencies, especially UNICEF, on a needs-specific basis.

Zimbabwe

Current Situation – The cholera crisis continues to worsen with increases in cases and deaths. All provinces and 89% of districts are now affected. As of 6 January, 35,330 cases including 1,753 deaths (for a CFR 5%) have been reported. This is an increase of 14434 cases and 630 deaths since the previous regional update on 24 December 2008.

Response - The health cluster continues to respond to and monitor the cholera crisis, managing the cholera treatment centers (CTCs) in partnership with the Ministry of Health and Child Welfare (MoHCW). Information on the spread, impact and intensity of the pandemic is widely shared with the humanitarian community. Field assessments are continuously carried out.

The WASH (Water and Sanitation) cluster is continuing with its response activities, focusing on hygiene promotion and safe water supplies in CTCs. Organizations such as MSFs, Concern World Wide, OXFAM Great Britain, Global AIDS Alliance (GAA), UNICEF, ACFs, MDM, IOM and World Vision are coordinating WASH-related responses on the ground. Both Health and WASH clusters have developed a Joint Cholera Response Operation plan that awaits endorsement by the IASC. On the South African border, the South African DWAF has repaired the waterworks in Beitbridge, ensuring water supply to ten clinics. DWAF is providing tankers to distribute water when necessary, but the source of water is now mainly Beitbridge.

WHO is receiving specialists to strengthen response efforts, based at the Cholera Control and Command Centres (C4/CCCC). Currently, the C4s have established alert systems that help flag top priority areas to ensure timely response. WHO and UNICEF are importing large quantities of essential cholera response items. IOM has launched health education and hygiene promotion campaign on cholera prevention, targeting travelers at transportation hubs, and continues to monitor the situation in border areas, collaborating closely with border officials. IOM has also built a number of water points, and continues to conduct rapid assessments of the water situation in various locations. The protection working group is currently finalizing some guidelines on the mainstreaming of protection in the current cholera response.

Gaps - Water quality and quantity at the CTCs and in communities remains a challenge, as well as the shortage of health staff to implement and monitor response programs. Preparedness measures and contingencies require strengthening as the number of cholera cases are likely to increase with the start of the rainy season.

For a more comprehensive assessment of the response, daily and weekly reports on the cholera outbreak in Zimbabwe are available at: <http://ochaonline.un.org/zimbabwe>.

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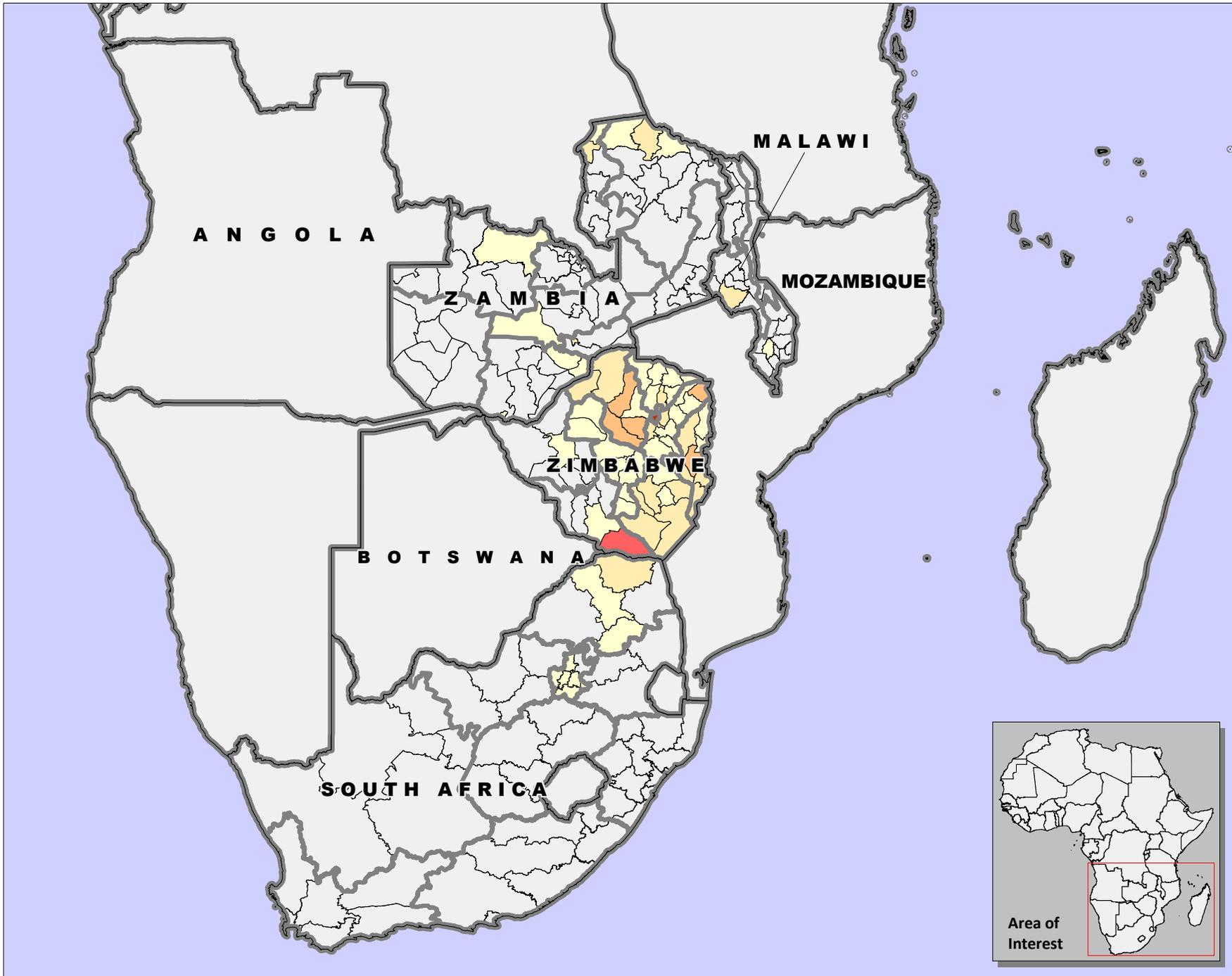
Partners are kindly requested to provide information on funding by emailing zeelie@un.org.

In the following pages:

- 1. Map of Cholera in Southern Africa by Province;**
- 2. Map of Cholera in Southern Africa by District for countries where this information is available**

CHOLERA OUTBREAKS IN SOUTHERN AFRICA

CHOLERA CASES BY DISTRICT IN COUNTRIES
FOR WHICH DATA ARE AVAILABLE



GENERAL LEGEND

-  International Boundary
-  Province Boundary
-  District Boundary

THEMATIC LEGEND

Cases by District

-  > 10,000
-  3,000 to 10,000
-  1,000 to 3,000
-  200 to 1,000
-  < 200

Data not available at District level for:

- Angola**
- Botswana**
- Mozambique**

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Map data source(s):

Ministries of Health of
affected countries,
UN Agencies and
other humanitarian partners

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