



CHOLERA COUNTRY PROFILE: ZANZIBAR (TANZANIA)



General Country Information:

The Revolutionary Government of Zanzibar is the collective name for two East African islands of mainland Tanzania: Unguja (also called Zanzibar) and Pemba. The capital of the islands, located on Unguja, is also known as Zanzibar.

Shortly after achieving independence from Britain in 1963, Tanganyika (the mainland state) and Zanzibar merged to form the nation of Tanzania in 1964.

Although it is now part of Tanzania, Zanzibar elects its own president who is head of government for internal matters to the islands. Zanzibar has its own Ministry of Health and Social Welfare.

Its economy is mainly based on tourism and the export of spices.

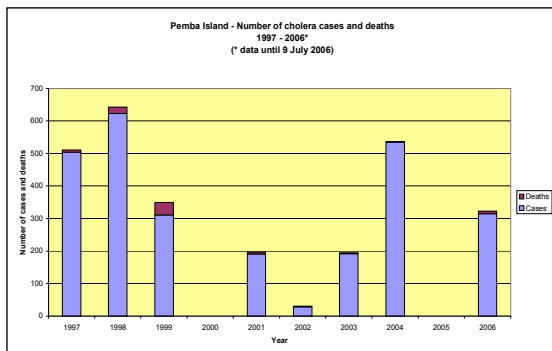
Tropical diseases are widespread on Zanzibar, including malaria and sleeping sickness. Other common illnesses also include pneumonia, poliomyelitis, tuberculosis and measles.

Cholera Background History:

Zanzibar has experienced cholera epidemics since 1978 when it was first identified in two fishermen villages on Tumbatu Island (North of Unguja). This first outbreak reported 411 cases and 51 deaths.

In March 1983, a couple of outbreaks involved the areas of Kojani (Pemba), Kiongwe and Jambiani (Unguja).

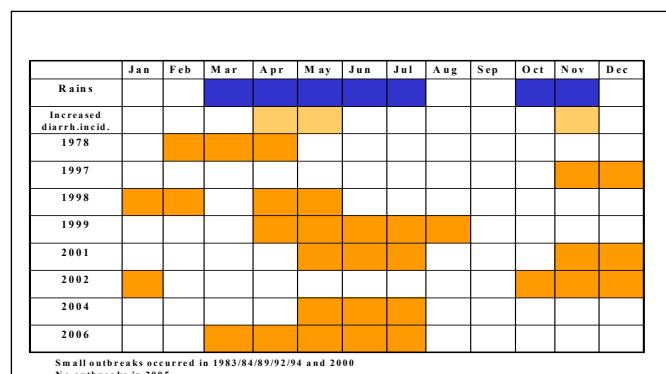
Severe outbreaks occurred both in Unguja and Pemba islands in 1997/1998 and in 2004, with record numbers of reported cases ranging from 520 to 650 cases per outbreak.



The most affected areas are generally those with communities with chronic shortage of safe water and living in a poor sanitary environment. Absence of latrines and overcrowding are typically the situation along the Eastern coast of Pemba, which is considered at high risk for cholera outbreaks.

Furthermore, fishermen, a highly mobile population travelling between the islands and Tanzania mainland, are known for playing an important role in spreading cholera both in Pemba and Unguja.

In Zanzibar, cholera outbreaks are typically linked to the seasonal rains that occur from March to June and in October/November. Cholera usually starts 3-4 weeks after the rains have started. The outbreaks occurring during the winter rains usually tend to persist for 2-3 months after the end of the rains.



Cholera Outbreak in 2006:

The outbreak started in South Pemba on 13 March with a first case originating from Jombwe, Mkoani district, from where it spread further south to Shamiani. The outbreak affected also Unguja Island, one week after the first case had been registered on Pemba.

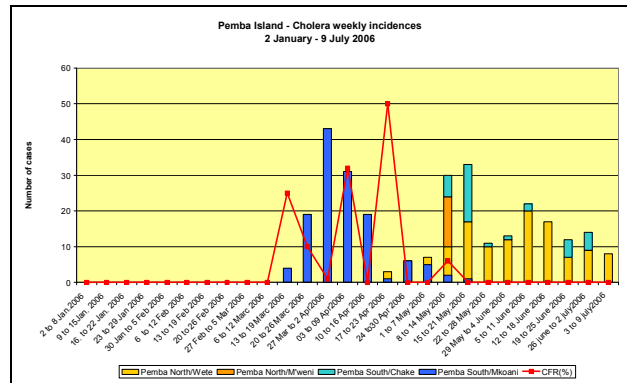
The total number of cases reported as of 9 July 2006 accounts for 315 cases including 8 deaths (case fatality rate, CFR 2.5%). The weekly incidence shows three successive peaks in mid-April, mid-May and mid-June respectively. It is very likely that the reported cases are largely underestimated, as they do not account for outpatients diagnosed with cholera.



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WHO Support Actions:

- 1997: WHO assessment mission to assist the Government of Zanzibar in the control of the ongoing outbreak
- 2002: Joint Mission Ministry of Health and Social Welfare of Zanzibar and WHO Global Task Force on Cholera Control: Cholera outbreak response and Preparedness Review
- 2006: WHO assessment of cholera outbreak response in Pemba, and pertinence of using oral cholera vaccines



Demographic and Socio-Economic Data:

Geography	Total surface	1 651 km ²	
	Capital	Zanzibar	
	Regions	Two islands (Unguja and Pemba) and 5 regions	
	Official languages	Swahili (Kiswahili). Arabic is widely spoken in coastal areas.	
Environment	Climate	Tropical: hot and humid	
	Rainy season	From late April to early June	
	Dry season	January and February (hottest season)	
Demographics	Population	981 754 (annual population growth rate: 3%)	
	Religions	99% Muslim, the most dominant religion	
	Ethnic groups	Arab, African and mix of both groups	
	Migrants	Fishermen: seasonal migration	
Economy	Industry	Cloves, nutmeg, cinnamon, pepper and tourism	
Health Indicators (for Tanzania)	Per capita total expenditure on health	29\$	
	Life expectancy birth (yrs):	Males: 47	Females: 49
	Child mortality (per 1000)	Males: 134	Females: 117
Communicable Diseases	Malaria (45% of the total disease burden), tuberculosis, pneumonia, diarrhoea, measles HIV prevalence: 0.6% (2002)		
Risk Factors for Cholera	Considerable amount of fisherman villages (Kojani Island, East coast of Pemba) and fishermen traveling between the island and mainland. Communities with shortage of safe water (intermittent piped water supply) and poor sanitary conditions. Absence of latrines and overcrowded communities.		

Sources: WHO, UN(MDG), UNHCR, UNICEF, UNDP



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