WHO Country Office Tanzania Situation Report # 2 Revised

Dar es Salaam, May 20 2015

Figure 1: Hand washing facilities Kagunga

Key highlights:
- 105,735 asylum seekers (AS) from Burundi have entered Tanzania through Kigoma (105,316) and Kagera (419) regions

- Health Statistics by 19 May 2015;
  - Kagunga Cholera 199 Malaria 70 Others 92 Death 8
  - Lake Tanganyika Cholera 314 Malaria 188 Others 63 Death 2
  - Nyarugusu Cholera 65 Malaria 3 No delivery Bed state 128 Death 0
  - Cumulatively suspected cholera cases 3036, Deaths due to suspected cholera 29* (among 33 total) CFR 1%

Description of the event:
Kigoma region has reported an influx of asylum seekers from Burundi since 26 April 2015. As of 18/05/2015 total 105,294 Burundian asylum seekers have entered in Tanzania mainly through Kigoma region. Most of them (over 90%) entered through Kagunga village. The asylum seekers are kept at Kagunga entry point before transfer to Nyarugusu refugee camp via a temporary transit point in Kigoma town (Lake Tanganyika stadium).

WHO has activated the Emergency Response Framework and graded this emergency as Grade 1 (Out of 3). Progress will be closely monitored as per standard WHO performance indicators. An interagency guideline on emergencies is also being used to guide collaboration and coordination with all Partners.
Ongoing emergency response by government, WHO and health partners:
A team from EPR at MOHSW in collaboration with WHO / MOHSW joint mission team finalized a joint Contingency plan to be submitted to MOHSW management today. WCO team of three (2 AFRO- Epidemiologist and coordinator and 1 WCO- surveillance) with two medical doctors from MOHSW arrived in Kigoma to join the WHO colleague on ground to support the Regional team in Cholera outbreak response. A discussion was held with other UN Sister Agencies regarding staff available to support Kigoma Refugees.

Challenges and gaps in emergency response:
Teams on the ground at CTC’s need support for line listing of the cholera cases to enable epidemiological analysis of the outbreak. Data management is still poor. Key variables not well documented such as level of hydration that guides management. There is an urgent need of recruiting data clerks

A pharmacist or pharmaceutical technician is required in Kigoma to support data capture and Supply Chain Management (SCM). A computer is required to have the tool installed and taken to Kigoma.

The coordination meeting at RMO office yesterday was not well attended as a number of participants went to the field. Lake Tanganyika stadium holding is overcrowded. The turnover of patients to Nyarugusu is slow. UNHCR is tasked to increase buses to transfer asylum to Nyarugusu camp area. There is inadequate screening for people with special needs. Social welfare worker in Lake Tanganyika identified unaccompanied children (13), separated (21) and tracing (19)

Required health actions and plan for the coming days or weeks
MOHSW has identified 10 health workers to be supported by WHO Country office. WCO is preparing travel logistics for 8 identified for intensifying the Cholera Treatment Centres in case management. These nurses have experience in cholera treatment. The team will be strengthened with one health staff with experience in Phlebotomy and 1 Pharmacist to support medicine and supplies monitoring and logistics. The team will travel to Kigoma on Friday 22 May 2015. Additional WCO staff will be going to Kigoma on Friday 22 May 2015. Arrangements for reports to be shared through media is planned.

WCO is printing guideline in Kiswahili with standard case definition, algorithms for cholera case management to support health workers on ground.

\[1\] Number of confirmed cases to be shared in the next report