

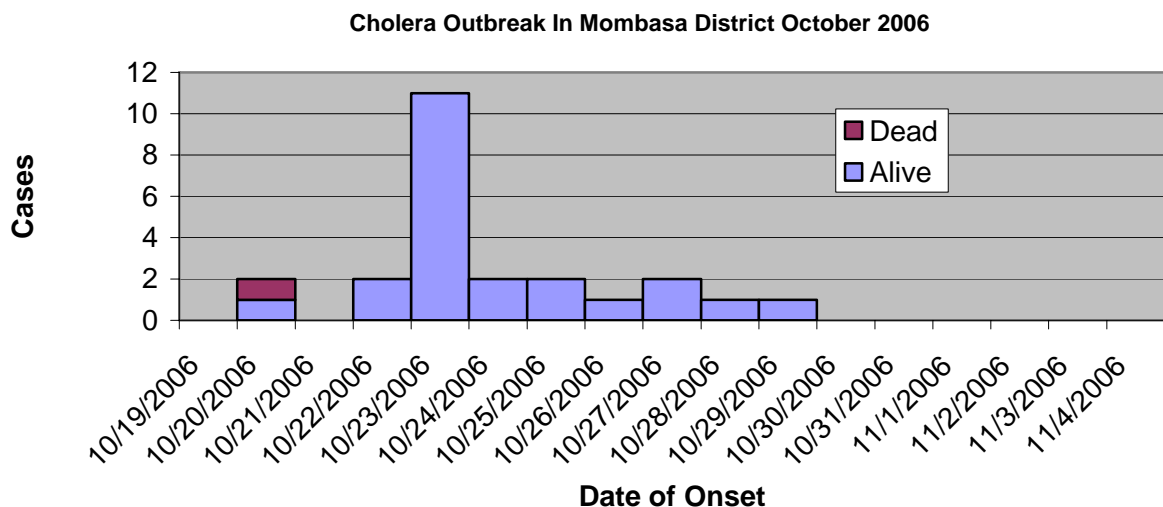
## Kenya-Weekly epidemic brief

3 November 2006

### Epidemic weekly report: November 3, 2006

#### 1. Cholera in Mombasa district

A confirmed outbreak of cholera has been reported in Wayani (Magongo) village, Changanwe division, Mombasa district since 23<sup>rd</sup> October 2006. A total of 24 cases with one death (CFR of 4%) and two admissions have so far been reported. The index case was a one and half year old child, who died on 21<sup>st</sup> October 2006. The 6 initial cases were from the same family suggesting a point source outbreak. The mean age of the affected is 18 years (range 1- 60 years). Five stool samples have tested positive for *Vibrio Cholerae Ogawa serotype* (in Coast PGH). This outbreak follows a similar outbreak in Kwale district that was reported on 17<sup>th</sup> September 2006 and was caused by the same cholera serotype. Mombasa and the entire coastal region is currently experiencing heavy rains and flooding a recipe for spread of diarrheal diseases.



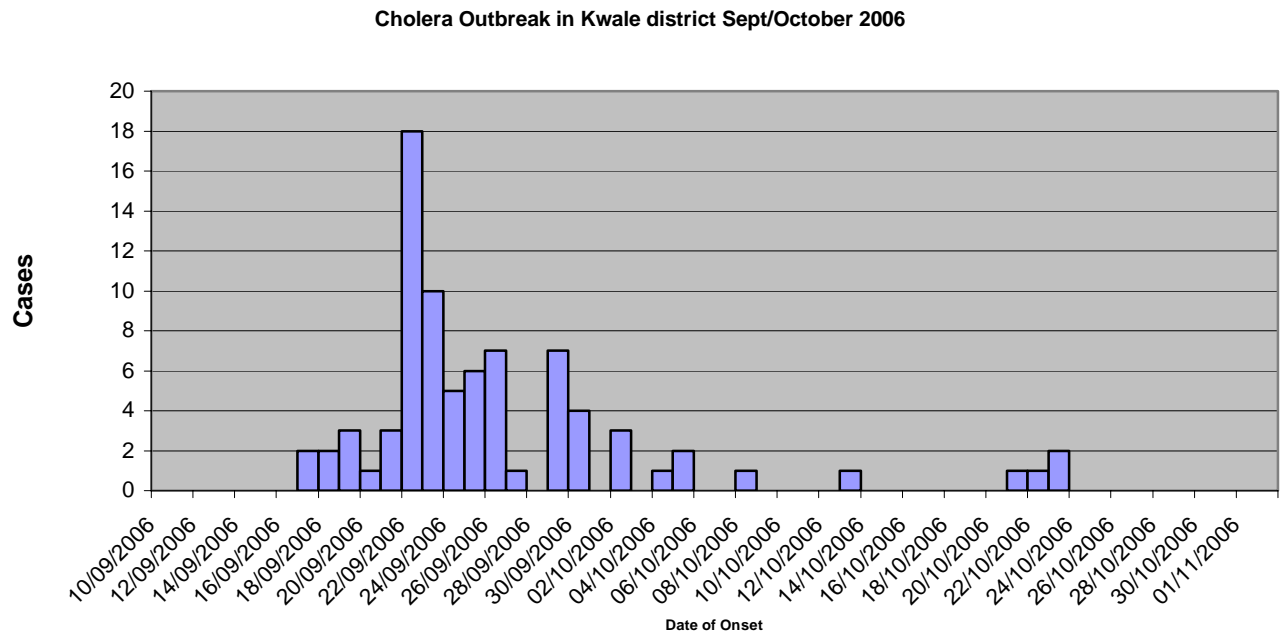
The last case was reported on 30<sup>th</sup> October 2006.

Control measures put in place:-

- a) Case management is ongoing
- b) Chemoprophylaxis to close contacts
- c) Enhanced surveillance
  - Contact tracing
  - Record review
- d) Sanitation improvement
  - Wells chlorination(217)
  - Food and water quality monitoring and eating places inspection
- e) Public health education on prevention and control through barazas, IEC

## 2. Update on Cholera in Kwale

Sporadic cases of cholera have continued to be reported in Kwale district. Since 17<sup>th</sup> September a total of 81 cases with 3 deaths (CFR 3.7%) have been reported in Vanga location of Kwale District. The new cases were reported following the current flooding in this district. *Vibrio Chlorae ogawa* sero-type that is sensitive to *ceftriaxone* and *ciprofloxacin* had been confirmed as the causative organism. The most affected area was Vanga sublocation.



As shown in the Epi-curve the epidemic peaked on 21<sup>st</sup> September 2006 and no case were reported between 13<sup>th</sup> and 21<sup>st</sup> September 2006. With the heavy rains being experienced in this district in the last one week new cases have been reported since 21<sup>st</sup> September 2006.

### Intervention measures put in place

- Case management – rehydration and antibiotics. The district has been supplied with enough IV fluids, necessary non-pharmaceuticals and antibiotics.
- Contact tracing and chemoprophylaxis for contacts
- Public health education on cholera prevention coupled with inspection of eating places
- Chlorination of bore holes and other water sources in affected villages
- Enhanced surveillance for early case detection and management.

## 3. Measles outbreak in Kwale

An outbreak of measles has been ongoing since August 2006. A total of 130 cases have been seen. . Sixty two cases have been reported with no deaths since mid-October 2006. Twenty four (39%) are aged less 5 years. fifty percent of the cases have never received any measles vaccine. A national team will visit Kwale district soon to assess the outbreaks.

#### ***4. Polio outbreak in Hagadera refugee camp , Garissa district***

A wild polio virus type 1 was confirmed in Hagadera refugee camp, Garissa on 13<sup>th</sup> October 2006. The last confirmed case of Wild Polio Virus (WPV) infection in Kenya was 1984. The confirmed WPV1 case was in a 3 year 11 month old (born on 19<sup>th</sup> November 2002) female child born in Kenya of Somalia refugees who settled in Kenya in July 2002. The child was paralysed (left lower limb) on 17<sup>th</sup> September 2006. Stool samples collected on 21<sup>st</sup> and 22<sup>nd</sup> September 2006 tested positive for wild polio virus type 1 (National Institute for Communicable Disease Regional Reference Laboratory, South Africa) and genotyping showed that the virus was closely linked to the WPV isolated in Kismayo in March 2006 suggesting importation from Somalia. The child's illness began while in Hagadera camp (one of the camps in Dadaab). Neither the child nor the parents have recently (since July 2006) traveled out of their camp. The family had not received any visitors in the recent past. The child had received all routine immunization as per EPI schedule as confirmed by immunization card and permanent immunization register. In addition to the 4 OPVs routine vaccines the child received 2 TOPV doses in 2005 and 4 MOPV doses in 2006 the last one was received on 15<sup>th</sup> September 2006 three days prior to onset of paralysis (this was information gathered on history). The residence of affected family is adjacent to an area used to resettle the current influx of refugees and also the local community. The current refugees are from lower Juba region of Somalia, an area with confirmed polio outbreak. This has important implications in hypothesising on source of infection and consequent spread.

An investigating team noted the gaps that existed in routine immunization and surveillance and among other things recommended a nationwide polio immunization, improvement on surveillance (including cross border surveillance), improvement in hygiene and sanitation standards and immunization of all incoming refugees.

#### **5. Acute gastroenteritis outbreak in Isiolo**

Isiolo district has reported a gastroenteritis outbreak since 1<sup>st</sup> November 2006. Seventy – three cases have been reported with 29 admissions (39%) and no deaths. The patients are from Isiolo West location, Erimet Sub location in Kiwanjani village. The patients are presenting with diarrhoea, vomiting, abdominal pains, headache and general malaise. All the patients gave a history of consumption of meat from a slaughtered sick camel on 31<sup>st</sup> October 2006. The patients started experiencing signs and symptoms within a day of consumption of the un-inspected meat. Meat samples have been taken to veterinary department for further analysis. Health education and Case management by antibiotics and IVF fluids is ongoing. Stool and vomitus culture results are being awaited.

#### **6. Diarrhoeal outbreak in Moyale district**

Since 19<sup>th</sup> October 2006, 33 cases of acute watery diarrhoeal have been reported in Moyale district. This is in the background of onset of rains and a diarrhoeal outbreak ongoing in neighboring Ethiopia. So far 2 deaths have been reported (both Ethiopian). Case management and public health education are ongoing. Cross border surveillance and water chlorination has been initiated. KEMSA has been requested to supply necessary pharmaceutical and non-pharmaceuticals. The district has limited laboratory capacity for confirmation of causative organism

#### **7. Measles outbreak in Lang'ata, Nairobi**

A secondary school in Nairobi has reported 7 suspected measles cases since 30<sup>th</sup> September 2006 (last case reported on 29<sup>th</sup> October 2006).