Zimbabwe Weekly Epidemiological Bulletin

Bulletin Number 184, week 48 (week ending 02 December 2012)

Highlights: Week 48: Week ending 02-12- 2012)

- 6 suspected typhoid cases reported
- 1 suspected cholera case
- 4 diarrhoea deaths reported
- 8 suspected cases of anthrax reported.

Contents

A. General Context

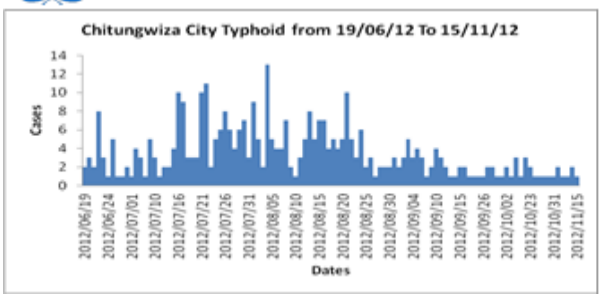
The typhoid outbreak in Chitungwiza continues since it was first reported on 16 June 2012. Harare still reports some cases from 10 October 2011when an outbreak of typhoid was initially reported. The disease has also been reported in Chegutu District, Chitungwiza and Parirenyatwa Central Hospitals.

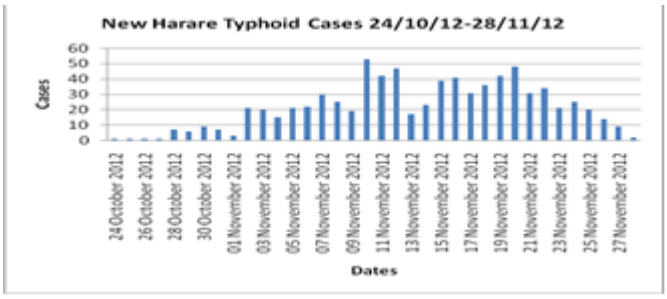
B. Epidemic prone diseases

Typhoid outbreak

Six new suspected typhoid cases were reported in week 48. The cases were reported from Chegutu District (5) and Chitungwiza City (1). The cumulative figures for typhoid since October 2011 are 5 805 suspected cases, 103 confirmed cases and 6 deaths (CFR 0.1%).

Figure 1:





Cholera

One suspected case of cholera was reported this week from Harare Central Hospital. The cumulative number for suspected cholera cases is 12 , 11 confirmed and 1 death (total cumulative cases 23) since January 2012

Diarrhoea

Total diarrhoea cases reported in week 48 were 8 606 cases and 4 deaths (CFR0.05%). Of the reported cases, 4 096 (47.6%) and 2 deaths were reported from children under five years of age. The deaths were reported from Parirenyatwa Group of Hospitals (4). The provinces which reported the highest numbers of diarrhoea cases were Mashonaland Central (1 321) and Mashonaland East (1 265). The cumulative figures for common diarrhoea are 437 985 and 269 deaths (CFR 0.06%).

Anthrax

Eight new suspected cases of anthrax no deaths were reported this week. The cases were reported from Buhera District (3), Harare Central Hospital (3), Gokwe North District (1) and Gokwe South District (1). The cumulative figures for suspected anthrax are 132 cases and one death.

Dysentery

Clinical dysentery cases reported during week 48 were 1 085 and 2 deaths. Of the reported cases 270 (24.9%) were from the under five years of age. The deaths were reported form Chegutu District in Mashonaland West Province. The provinces which

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reported the highest numbers of dysentery cases were Mashonaland Central (201) and Mashonaland West (144). The cumulative figures for dysentery are 40 745 and 22 deaths (CFR0.05%).

Measles

A total of 6 suspected cases of measles were reported this week through the Weekly Disease Surveillance System. The cumulative figures for suspected measles are 338 and no deaths.

Malaria

A total of 3 725 malaria cases and 2 deaths were reported this week. Of the cases reported 838 (22.5%) and no deaths were from the under five years of age. The deaths were reported from Murehwa District in Mashonaland East Province. The provinces which reported the highest number of malaria cases were Manicaland (2 108) and Mashonaland West (382). The cumulative figures for malaria are 318 899 and 203 deaths (CFR0.06%).

All provinces are being reminded to investigate all malaria deaths

C. Completeness and timeliness of the National data

National completeness for Week Number 48 increased from 79% to 80% and timeliness remained constant at 79%. Makoni District in Manicaland Province and Masvingo District in Masvingo Province did not report.

NB: Masvingo province performed badly (47%) and hence it has impacted negatively on the National completeness figure.

D. Events of public health importance within SADC

No new events reported.

E. Acknowledgements

All health workers, operating at different levels of the health system, providing information are greatly acknowledged. In addition, special thanks to Health and WASH cluster members for sharing their data with our team.

MOHCW is grateful to all Partners including UN family and NGOs for their support. Information on events of public health importance occurring within SADC is consolidated from WHO daily summary of health events.

Annex 1: Classification of Events that may constitute a Public Health Emergency of International Concern

There are three groups of events if detected by the national surveillance system should trigger the use of the IHR (2005) Decision Instrument to be notified as they may constitute Public Health Emergencies of International Concern. These are:

1. A case of unusual or unexpected diseases which may have serious public health impact: smallpox, poliomyelitis due to wild-type poliovirus, human influenza caused by a new subtype and SARS.

2. Any event of potential international public health concern including events of unknown causes or sources and those involving other events or diseases:
    - environmental health emergencies (natural events, chemical and radio-nuclear events, technological incidents, complex emergencies and deliberate events)
    - Food borne diseases
    - Zoonotic diseases or other infectious diseases.

3. Any of following diseases that have demonstrated the ability to cause serious public health impact and spread rapidly and internationally: Cholera, pneumonic plague, yellow fever, viral haemorrhagic fevers, West Nile Fever, other diseases that are of special national or regional concern e.g. dengue, RVF and meningococcal disease.

Annex 2: Standard Case Definitions

Diseases	Standard Case Definitions
Cholera	**Suspected case** • In an area where there is no cholera outbreak, any person aged five years or more, presenting with severe dehydration or death from acute watery diarrhoea • In an area where there is a cholera outbreak, any person aged two years or more presenting with acute watery diarrhoea, with or without vomiting **Confirmed case** A suspected case in which *Vibrio cholerae* sero-groups O1 or O139 has been isolated in the stool.
	Note • *All suspected cases under the age of two years must be confirmed.* • *The inclusion of all ages in the case definition somewhat reduces specificity, that is, inclusion of more non-cholera childhood diarrhoea cases (mainly those below 5years). It does not impede meaningful interpretation of trends. Teams should monitor any shift in the age distribution of cases, which might indicate a changing proportion of non-cholera cases among patients seen.*
Malaria	**Suspected uncomplicated malaria** Any person living in a malaria area or history of travelling in a malaria area within the last 6 weeks, presenting with fever, malaise, chills, and rigors, without signs of severe disease such as vital organ dysfunction **Confirmed uncomplicated malaria** Is suspected uncomplicated malaria with laboratory diagnosis by malaria blood slide or RDT for malaria parasites **Confirmed severe malaria** A patient hospitalized with P. falciparum asexual parasitaemia as confirmed by laboratory tests with accompanying symptoms of severe disease (vital organ dysfunction)
Typhoid	**Suspected case** Any person with gradual onset of steadily increasing and then persistently high fever, chills, malaise, headache, sore throat, cough, and, sometimes, abdominal pain and constipation or diarrhoea **Confirmed case** A suspected case confirmed by isolation of *Salmonella typhi* from blood, bone marrow, bowel fluid or stool
Diarrhoea	**Suspected case** Passage of 3 or more loose or watery stools in the past 24 hours with • or without dehydration **or** • some dehydration and two or more of the following signs: restlessness, irritability, sunken eyes, thirsty, skin pinch goes back slowly, **or** • severe dehydration and two or more of the following signs: lethargy or unconsciousness; sunken eyes; not able to drink or drinking poorly; skin pinch goes back very slowly **Confirmed case** Suspected case confirmed with stool culture for a known enteric pathogen.
	Note: *Laboratory confirmation of specific agent causing outbreak is not routinely recommended for surveillance purposes.*

Annex 3: Alert/Action Epidemic Thresholds for selected epidemic prone diseases and other diseases of public health importance in Zimbabwe

Disease or condition	Alert Threshold	Action Threshold
Measles	5 suspected cases within a district in a month	1 measles IgM confirmed case ***Note:*** *This also applies to closed settings like Refugee camps, schools, or health facilities*
Meningococcal meningitis	1 suspected case	1 confirmed case
Plague	1 suspected case	1 confirmed case
Rabies (Suspected rabid bites)	1 case of a bite from suspected rabid animal	1 case of a bite from suspected rabid animal
Trypanosomiasis	1 suspected case	• 1 case in an area that is not endemic **or** • For endemic areas 3 cases per 100,000
Typhoid fever	1 case	• 5 suspected cases per 50,000 population **or** • 20 suspected cases per District's catchment area **or** • any 1 confirmed case by blood culture
Viral Haemorrhagic Fever	1 suspected case	1 confirmed case
Outbreak of unknown cause	3-5 cases or deaths with similar symptoms that don't fit most case definitions	Any cluster of cases or deaths that had similar symptoms over a short period of time and fail to respond to treatment for the usual causes of the symptoms
Acute Flaccid paralysis (AFP) / Polio	1 AFP case	1 confirmed case of polio (virus isolated).
Dysentery	5 cases or more per reporting site per week	• A 2-fold increase in the number of cases compared to an expected number usually seen in previous season – specific time period • Any increase in number of deaths due to bloody diarrhoea
Cholera	1 suspected case	1 confirmed case (where it has not been reported before)
Diarrhoea under five	Increasing number of cases in a short time	Doubling of no of cases as compared to the same time period of a previous year.
Malaria	Increasing cases above the median	• N^{o} of cases that exceed those in the 3rd quartile (the upper limit) of the expected number of cases **or** • N^{o} of cases that exceed the mean plus 1.5 x Standard Deviations (Mean + 1.5 SD).
Neonatal Tetanus (NNT)	1 suspected case	1 confirmed case
Human influenza caused by a new Subtype	1 suspected case	1 confirmed case
Severe Acute Respiratory Syndrome (SARS)	1 suspected case	1 confirmed case
Adverse Events Following Immunisation (AEFI)	1 suspected case	1 confirmed case
Acute Viral Hepatitis	1 suspected case	1 confirmed case
Anthrax	1 suspected case	1 confirmed case

Notes

An ***alert threshold*** suggests to health workers that further investigation is needed. Health workers respond to an alert threshold by:

- Reporting the suspected problem to the next level
- Reviewing data from the past
- Requesting laboratory confirmation to see if the problem is one that fits a case definition
- Being more alert to new data and the resulting trends in the disease or condition
- Investigating the case or condition
- Alerting the appropriate disease-specific programme manager and district epidemic response team to a potential problem.

An ***epidemic/action threshold*** triggers a definite response. Possible actions include communicating laboratory confirmation to affected health centres, implementing an emergency response, community awareness campaign, or improved infection control practices in the health care setting.

Reporting

- T1 for notification of an infectious notifiable disease (used for up to five cases after which line lists must be filled)
- Weekly Rapid Disease Notification Form
- Reporting is to the next level (health facility to district to province to national level)