CHOLERA UPDATE
20/02/06

WHO  Zimbabwe
Background

• Diarrhoeal disease caused by bacterium *Vibrio cholerae* (*Type 01 or 0139 Ogawa*).
• Transmitted through faecally contaminated water or food.
• Easily treated with rehydration (IV or Orally), give antibiotic in severe cases.
• Mainly associated with poor sanitation, unsafe water supplies, poor hygiene practices—(*greatest risk in over pop communities*).
Background

• The first outbreak was reported in 1972 from Mashonaland East (Nyamapanda district) and Mashonaland Central (Mt Darwin District).
• Thereafter outbreaks were experienced after every 10 years up to 1992.
• As from 1993, outbreaks occurred after five years.
• Since the millennium, cholera occurrence was annually.
• Outbreaks have been persistent in Zimbabwe in the last 5 years
Epidemiology of Current Outbreak

• Outbreak started in Chikomba on 28/11/05, and only reported on 13/12/05

• Buhera started on 17/12/05

• Chikomba district established one treatment camp
  –Mushipe treatment camp
Epidemiology of Current Outbreak

• Buhera district established 4 treatment camps at
  – Murambinda hospital
  – Munyanyi Health centre.
  – Rambanapasi health centre
  – Chiwenga health centre
• Harare outbreak reported on 29 December 2005 in Glenview 8, not linked to Chikomba and Buhera cases.
• Makoni reported suspected cases 21/01/06, confirmed.
Current outbreak contd

MIDLANDS

- Kwekwe District first suspected case 08/01/06 died on 14/01/06
- Gokwe South District first case death on 26/01/06 relatives of Kwekwe index case visited to pay condolences

MASH EAST

Epworth suspected case reported on 09/02/06. Laboratory confirmed
Cholera affected areas since 2000

LEGEND
- Current
- 2005
- 2003-2004
- 2002
- 2001-2002
- 2000
## Summary of cases as of 14/02/06

<table>
<thead>
<tr>
<th>District</th>
<th>Cases</th>
<th>Deaths</th>
<th>Case Fatality (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chikomba</td>
<td>296</td>
<td>5</td>
<td>3.9</td>
</tr>
<tr>
<td>Buhera</td>
<td>104</td>
<td>8</td>
<td>7.7</td>
</tr>
<tr>
<td>Harare</td>
<td>14</td>
<td>3</td>
<td>21.4</td>
</tr>
<tr>
<td>Makoni</td>
<td>35</td>
<td>2</td>
<td>5.7</td>
</tr>
<tr>
<td>Gokwe South</td>
<td>75</td>
<td>5</td>
<td>6.7</td>
</tr>
<tr>
<td>Kwekwe</td>
<td>71</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Epworth</td>
<td>44</td>
<td>5</td>
<td>11.3</td>
</tr>
<tr>
<td>Chimanimani</td>
<td>13</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Kariba</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>653</td>
<td>30</td>
<td>4.6</td>
</tr>
</tbody>
</table>
The index case both died - dealing with Marange sect which is secretive.

Died and Buhera relatives came for funeral, developed signs, left for home (Buhera), died and rectal swab taken, confirmed positive. Mashonaland East informed of outbreak and the cholera spread in Buhera.

The two had attended funeral in Chikomba developed signs and left for home (Buhera).
Buhera cholera epicurve

Data of onset

Number

12
10
8
6
4
2
0

28/11/2005
2/12/2005
17/12/2005
22/12/2005
26/12/2005
30/12/2005
3/1/2006
7/1/2006
11/1/2006
15/01/2006
19/01/2006
23/01/2006
27/01/2006
31/01/2006
4/2/2006
Cholera Epicurve - Gokwe South

Date of onset

Number

Alive
Died

0 5 10 15 20 25

Chimanimani cholera epicurve

Date of onset

Number
Risk factors identified

- Poor sanitation coverage in the affected areas and use of pit latrines which are filling-up
- Poor safe water supplies coverage
- Use of River water and unprotected shallow wells
- Religious beliefs (Mainly Marange Apostolic Sect Chikomba and Buhera.)
- Community knowledge on cholera (first time to experience cholera).
- Illegal vending
Response to Epidemic

- Coordination meetings (Inter-Agency)
- Technical and logistical support from MOH&CW HQ and WHO (see list of distributed items)
- Deployment of Health personnel to affected areas.
- Establishment of treatment centres.
- Surveillance, and contact tracing.
- Case management.
- Social mobilisation and supply of IEC materials.
- Water chlorination
Gaps identified by supporting team

- Inadequate infection control at treatment centres.
- Incomplete Epidemiological investigations
- Low community participation
- No construction of temporary sanitary facilities in the community
Gaps identified
Partners contribution

- The following organisations supported MOH&CW with Drugs and material resources.
  - WHO
  - UNICEF
  - MSF
  - Red Cross
  - Civil Protection Committee (DDF working on water requirements)

- Coordination meeting held and partners sensitized on additional resources which might be required.
Partners contribution

• Other Organisations are in the process of identifying needs. (short and long term).
Partners contribution
Challenges

• Low water and sanitation coverage in affected areas.
• Participation of Apostolic sects in the control programme.
• Establishment of community based surveillance groups.
• Hygiene practices.
Challenges
Way Forward

• Mobilize resources for future outbreaks (drugs, IV fluids, gas, Lab consumables, disinfectants)
• Provision of Water and sanitation facilities in affected areas. (Provinces to submit water and sanitation projects for funding, to be shared with partners).
• Establish community based surveillance groups.
• Continue training of Health Workers at sub-district level in Integrated Disease Surveillance and Response.
• PHHE training