

### Situation Report # 36

<b>Outbreak Name</b>	Cholera	<b>District, Country affected</b>	Kampala, Uganda
<b>Date &amp; Time of report</b>	Monday 11 <sup>th</sup> February 2019, 4:00 pm	<b>Investigation start date</b>	2 <sup>nd</sup> January 2019
<b>Prepared by</b>	DPHE KCCA		

#### SUMMARY STATISTICS

No	Summary of cases	Total Number
	<b>Total Cholera suspects</b>	<b>53</b>
1	New case(s) suspected	00
2	New cases(s) confirmed	00
3.	Cumulative confirmed cases	22
	<b>New Deaths</b>	<b>00</b>
4	New deaths in Suspected	00
5	New deaths in Confirmed	00
6	Cumulative cases (Suspected & confirmed cases)	53
7	Cumulative deaths (Supected & confirmed cases) in <ul style="list-style-type: none"> <li>• <b>Health Facilities</b></li> <li>• <b>Community</b></li> </ul>	00 03
8	Total number of cases on admission	00
9	Cummulative cases discharged	43
10	Cummulative Runaways from isolation (CTC)	07
11	Number of contacts listed	93
12	Total contacts that completed 9 day follow-up	93
13	Contacts under follow-up	00
14	Total number of contacts followed up today	00
15	Current admissions of Health Care Workers	00
16	Cummulative cases of Health Care Workers	00
17	Cummulative deaths of Health Care Workers	00
18	Specimens collected and sent to CPHL today	00
19	Cumulative specimens collected	45
20	Cummulative cases with lab. confirmation (acute) Cummulative cases with lab. confirmation (convalescent)	00 22
21	Date of admission of last confirmed case	01/02/2019
22	Date of discharge of last confirmed case	06/02/2019
23	Confirmed cases that have died	01

## 1. HIGHLIGHTS

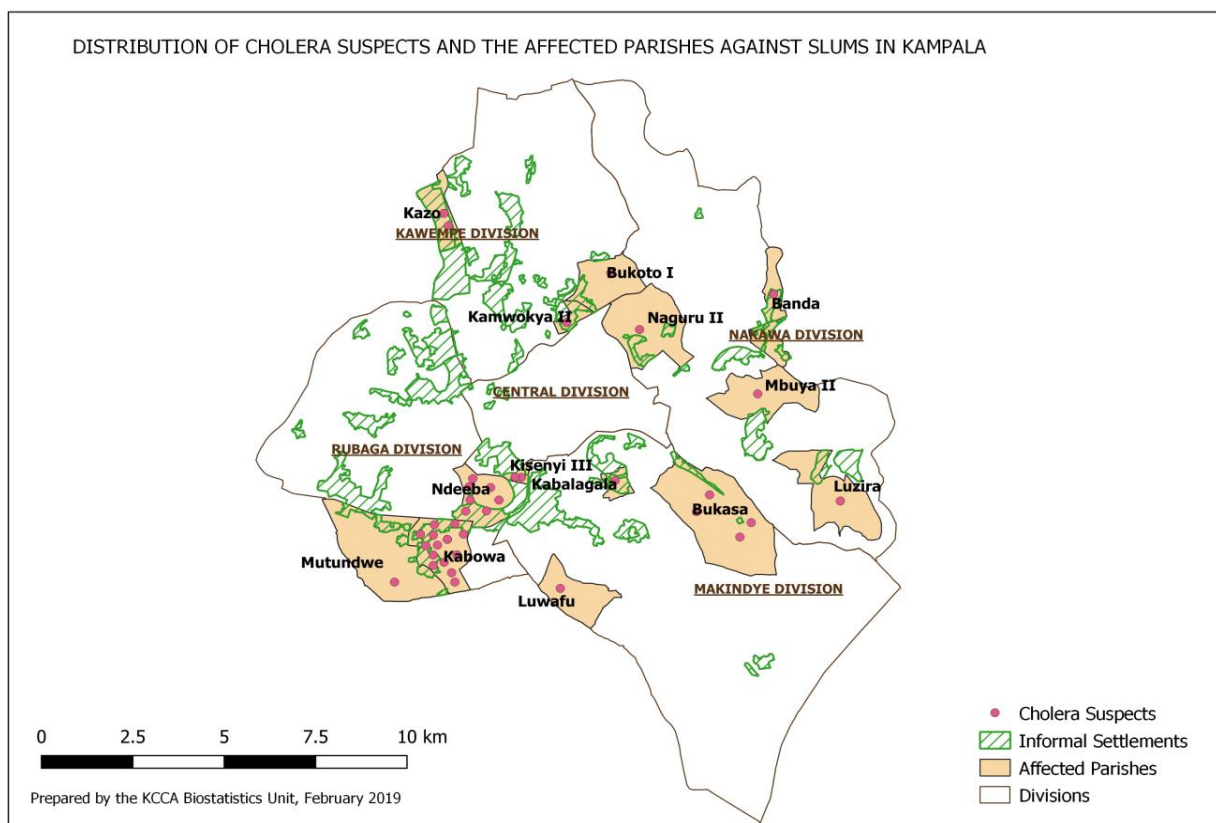
- No new admissions at Naguru CTC since 5<sup>th</sup> February 2019.
- Cumulative number of cholera suspects is 53.
- Cumulative number of confirmed cases is 22.
- Cumulative discharges is 43
- Cumulative run away/escaped is 7
- 3 deaths occurred in the community (CFR 5.7%).

## 2. BACKGROUND

On 2<sup>nd</sup> January 2019, a community death was reported from Tebaleka Zone Namuwongo Bukasa, Makindye division. The victim was a 24 year old male who had presented with severe diarrhoea and vomiting prior to his death. His wife developed the same signs and symptoms and was referred to Naguru Hospital for management. On 5<sup>th</sup> January 2019, 4 people from Kabowa, Rubaga Division were admitted at Kiruddu Hospital with severe diarrhoea and vomiting which had started on 4<sup>th</sup> January 2019. On the same day one person from Namuwongo was admitted at Naguru Hospital with the same condition. The team at Kiruddu highly suspected Cholera and notified KCCA and the Ministry of Health. A CTC was set up at Naguru Hospital for case management. Subsequently more patients were received at the CTC on the following days. Six stool samples collected on 7<sup>th</sup> January 2019 were all positive for cholera confirming the outbreak. The Ministry of Health officially declared an outbreak of Cholera in Kampala. As the days progressed, the CTC registered patients from Wakiso and Luwero districts who tested positive for cholera. MoH declared the cholera response a National response at the National task force meeting held on 24<sup>th</sup> January 2019.

**As of 11<sup>th</sup> February 2019, the areas affected are:**

S/no	Area	Suspects (53)	Confirmed cases (22)	Community deaths (3)
1.	Kabowa (Lubaga)	21	10	00
2.	Bukasa (Makindye)	04	00	00
3.	Namuwongo (Makindye)	02	02	01
4.	Lusaka Zone(Makindye)	01	00	00
5.	Kiti Zone (Central)	01	01	01
6.	Mulimira – Bukoto(Nakawa)	01	01	00
7.	Mbuya Zone 5 (Nakawa)	02	00	00
8.	Kireka B (Kira, Wakiso)	05	04	00
9.	Namboole Kito (Kira, Wakiso)	01	01	00
10.	Kazo Angola, (Kawempe)	02	00	00
11.	Katagwe Kamila Subcounty (Luwero )	01	01	00
12.	Banda Zone B3, (Nakawa )	01	00	00
13.	Luzira Kamwany, (Nakawa)	01	00	00
14.	Kalambi Bulaga (Wakiso)	01	00	00
15.	Kamwokya (Central)	02	01	00
16.	Kititantle (Nakawa)	02	00	00
17.	Mutudwe Kabawo Zone (Lubaga)	04	01	00
18.	Musoke Zone ,Katwe III (Makindye)	01	00	01

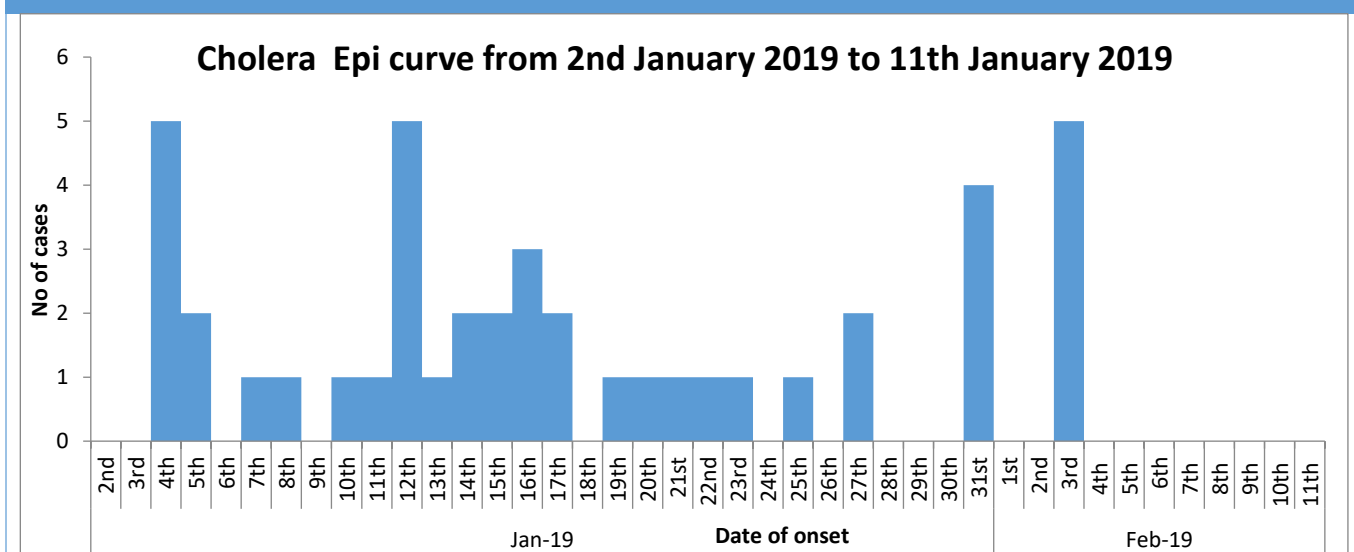


### 3. EPIDEMIOLOGY & SURVEILLANCE

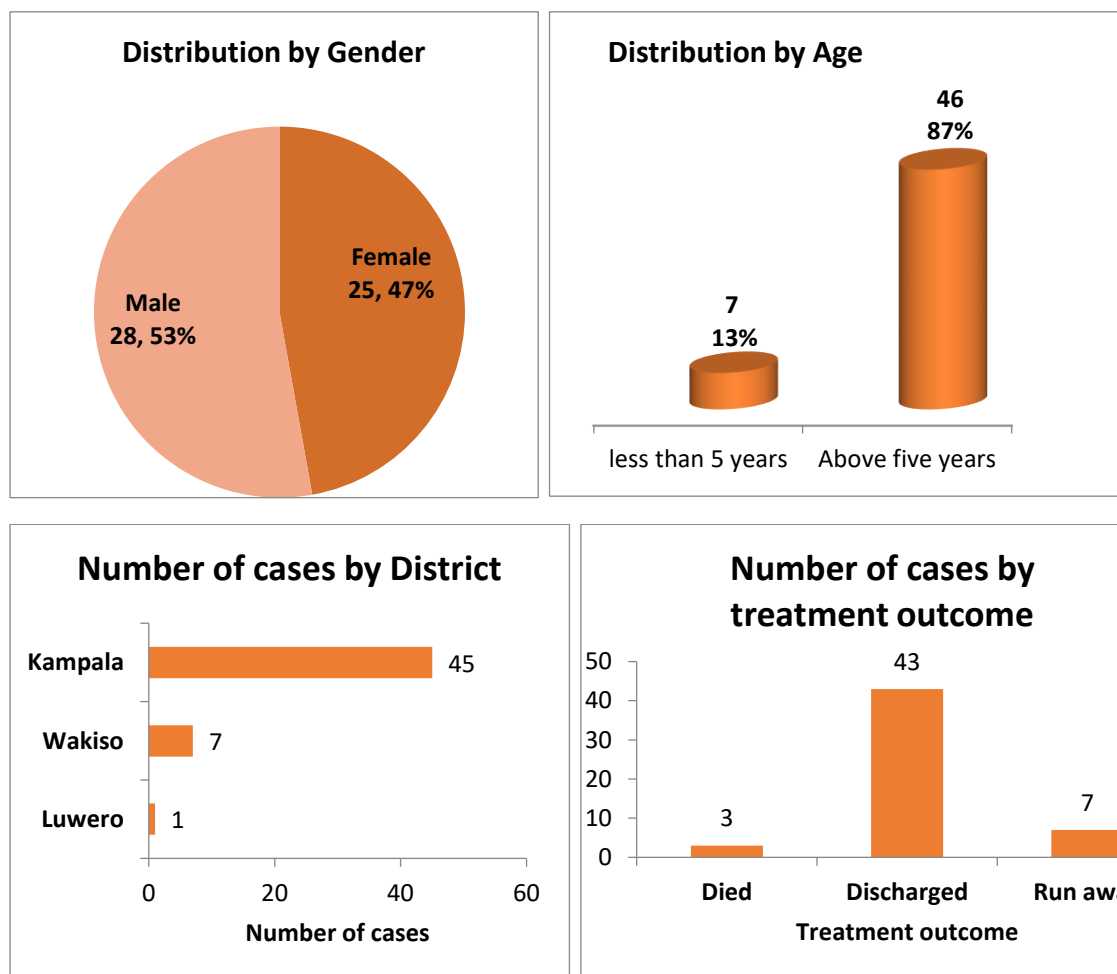
#### Descriptive epidemiology

As of 11<sup>th</sup> February 2019, 53 cases have been reported with 3 deaths that occurred in the community. The deaths occurred on 2<sup>nd</sup> January 2019 from Tebaleka Zone, Namuwongo Bukasa Mankindye Division, on 11<sup>th</sup> January 2019 from Kiti Zone, Kisenyi III Central Division and on 4<sup>th</sup> February 2019 from Musoke Zone, Katwe II Mankidyie Division. (CFR=5.7%). 81.1% of the cases have been discharged after improvement while 13% escaped and currently there is nobody admitted at the CTC in Naguru Hospital.

#### Epidemic curve of the cholera outbreak



## Demographic characteristics of cases



## 4. PUBLIC HEALTH RESPONSE

### COORDINATION

- A Cholera Rapid Response team comprised of technical personnel (Extended DHT and representation from other KCCA directorates) is in place coordinating response activities. The team has participated in partner mobilisation, sensitization meetings, community dialogues and clean ups. A total of 7 cholera coordination meetings and one stakeholders' meeting have been held to date. All five divisions of KCCA have functional response teams on ground.

### CASE MANAGEMENT

- CTC at Naguru Hospital set up and running, currently there is no admission on ward.
- A stand by ambulance is in place to transport suspected cases from the communities and health facilities to the isolation camp. The contacts are Musisi Willy (0794661082) and Molly Tusiime (0794661134)

### SURVEILLANCE AND LABORATORY

- Contact tracing and follow on going. 93 contacts are line listed and have completed the 9 days follow up period. The 3 contacts in Musoke Zone Katwe III, Makindye division completed the follow up period on 10<sup>th</sup> February 2019.
- The team visits CTC at Naguru hospital daily for patient head count and status update.
- The team updates, analyses and cleans the line list for cases and contacts daily.

- The team updates PCR results received from CPHL, shares them with the treating health facility and the patients who have already been discharged.

## WASH

- By January 28<sup>th</sup> 2019, 108 emergency stand pipes have been installed in Kampala. Unfortunately the cholera hit areas have not yet received any stand pipe. KCCA and MoH are making a follow up. NWSC is selling the water to landlords at a fee of 25UGX and the landlords are reselling the water at 50 UGX.
- KCCA team met with NWSC team and discussed the SCAP100 project. Under the project NWSC is expected to install 700 pre-paid water points in Kampala. The DMOs identified the spots for installation per division. The users will pay 75 UGX. per jerry can. (25 for maintenance and 50 UGX as profit to the owners of the stand pipe). 300 Water points were scheduled for installation in the first phase beginning January 2019.
- Emptying of toilets in the affected areas. About 120 toilets emptied in all the divisions and the process is ongoing.
- A ban on sale of fresh fruits and vegetable in unhygienic places is ongoing.

## SOCIAL MOBILIZATION

- Since the onset of the cholera outbreak a total of 69 sensitization meetings, 12 bazara meetings and 12 community dialogue meetings have been carried out in all the divisions especially in the affected areas and areas at risk. More sensitization meetings are scheduled. The table below shows the distribution of social mobilisation by division since the start of the outbreak.

No	Division	Number of sensitizations held	Number of barazas held	Number of community dialogues held
1	Kawempe	22	2	2
2	Nakawa	15	0	2
3	Central	12	0	2
4	Makindye	10	2	2
5	Lubaga	12	0	2
	<b>Total</b>	<b>69</b>	<b>4</b>	<b>10</b>

## Solid waste Management

- Since the start of the cholera outbreak a total of 65 clean ups have been carried out in all the divisions especially in the affected areas and areas at risk. Intensified garbage collection is currently done in all the divisions. The table below show the total number of clean ups held by division since the onset of the outbreak.

No	Division	Number of clean ups
1	Kawempe	22
2	Nakawa	15
3	Central	12
4	Makindye	08
5	Lubaga	08
	<b>Total</b>	<b>65</b>

## **Partner support received**

- Inter aid supported 10 community dialogue meetings in Kampala, 2 meetings per division.
- A cholera Kit was supplied to KCCA by UNICEF.
- 100 Cholera discharge kits were supplied by MSF for distribution to the affected communities.
- IEC Materials were supplied by Red Cross which were then distributed across all the divisions.
- Aqua tabs supplied were by UNICEF and distributed in the communities.
- The BMG-KCCA project provided a total of 100 trips worth 12,000,000/= and about 120 toilets have been emptied.
- Under the SCAP100 project, NWSC is to install 700 pre-paid water points in Kampala.
- Hand washing awareness campaign facilitated by BMG-KCCA
- NWSC installed 108 emergency stand pipes in Kampala.
- BMG-KCCA project facilitated a stakeholders meeting on cholera at city Hall.

## **Some of the risk factors contributing to frequent outbreaks in the city.**

- Poor Faecal Disposal in Kampala especially in slum areas where tenants are required to pay for toilet facilities every time they access them independently from the house rent.
- Some communities lack toilet facilities while others have nonfunctional toilets.
- Over 80% of toilets in the slum areas are full to capacity.
- Lack of affordable cesspool emptiers (70,000-300,000 /= per trip) and gulpers (30,000/= per barrel)
- High rates of garbage collection 1000/= per sack put on the truck and 30,000/= per month 3 bags per week.

## **5. RECOMMENDATIONS & PRIORITY FOLLOW UP ACTIONS**

### **COORDINATION AND LEADERSHIP**

- Strengthen a multi sector approach to cholera response in the city.
- Synergize partner involvement in the response activities.

### **CASE MANAGEMENT**

- Provide motivation/ allowances for health workers attending to cases at the CTC during this outbreak.

### **SURVEILLANCE AND LABORATORY**

- Daily update of the cases and contacts line lists.
- Transport facilitation for division teams to carry out contact tracing and follow up.
- Contact tracing and community active case search to minimise on community deaths
- Investigate the risk factors for this out break and address them.
- Update results from CPHL and share with the treating health facility and the patients.

### **WASH**

- Engage NWSC for comprehensive and sustainable provision of safe water in the city.
- Engage concessionaires together with the community leaders to devise interventions and lasting solutions for solid waste collection.

- Enforce the public health act to promote faecal sludge management in the community.
- Intensify operations on development plans to ensure there are access routes to dwelling places in case of emptying toilets.

### **RISK COMMUNICATION, COMMUNITY ENGAGEMENT & SOCIAL MOBILISATION**

- Intensify radio campaigns and talk shows.
- Intensify community barazas and health outreaches in the community.

### **LOGISTICS**

- Supply of aqua taps and medicines for prophylaxis during contact tracing and follow up.

## **6. CONCLUSIONS**

The outbreak is amplified by contaminated water sources that are utilised in the community as a result of poor waste and faecal disposal practices and lack of access to affordable clean and safe water. There is need to mobilize the communities through health education to promote safe disposal of waste. In addition there should be special focus on comprehensive safe water coverage in the city as a long term measure.

### **Annex 1: Case definitions for cholera**

- 1. Community case definition:** Any person with lots of watery diarrhoea in an area where an outbreak has been declared
- 2. Suspected case:** Any person age 2 years or more with acute watery diarrhoea.
- 3. Confirmed cholera case:** A suspected case in which *Vibrio cholerae* serogroup O1 or O139 has been isolated in the stool.