

**Cholera Outbreak in South Africa
National Outbreak Committee Situational Report (Sitrep 29)
as of 12:00 hrs 11th January 2009**

Contributors:

- Provincial Departments of Health
- National Department of Health
- National Institute for Communicable Diseases
- International Organizations & NGOs
- World Health Organisation

Areas: Limpopo, Gauteng, Mpumalanga, Kwa-Zulu Natal, Eastern Cape, Western Cape, Northwest, Free State and Northern Cape Provinces

1. HIGHLIGHTS

1.1. Limpopo Province

1.1.1. Video conferencing is planned for 12th January at 14.00 hrs. Event to be chaired by Head of Department. CEOs, District Managers and other stakeholders will be participating. The objective will be to strengthen cholera preparedness and response

1.1.2. Efforts are underway to strengthen public awareness through IE&C materials, radio and drama/theatre groups.

1.1.3. **HOTLINE.** A Call centre will go into operation tomorrow 12 January. This 24 hour call station will be operated by 3 persons at a time.

The number: 0800919191

1.2. No cases of suspected cholera over past 24 hours

North West Province
Free State Province
Northern Cape Province

2. EPIDEMIOLOGICAL DATA:

Date: 11th January 2009.

Table 1

	Limpopo	Gauteng	Mpumalanga	Kwa Zulu Natal	North West	East Cape	Northern Cape	Western Cape	Free State	Total	Comments
Cumulative number of cases	1754	144	2	6	4	1	1	5	1	1918	
Cumulative number of deaths	9	4	1	1	0	0	0	0	0	15	CFR -0.78%
Cumulative number lab confirmed	110	29	2	2	4	1	1	5	1	155	
Patients in the wards	158									158	
New cases of the day	67	0			0		0		0	67	
Discharged today										0	
Cumulative total < 5 years										0	

3. Focus on Limpopo Province

3.1.

Table 2: Epidemiological Data 11 January 2009 (data provided by DoH on 11 January, 2009)

	Vhembe District					Waterberg District	Capricorn District				Mopani District*	Sekhukhune district	Limpopo Total
	Musina	Madimbo	Musina and Madimbo Total	Makado / other areas	Vhembe district		Botlokwa	Blouberg - Helana Franz	Lekhureng /Knobel	Total			
Cumulative Number of Cases	Pending	Pending	1,018	4	1,022	0	266	12	159	437	0	295	1,754
Cumulative Number of Deaths	Pending	Pending	8 (CFR 0.79%)	1	9 (CFR 0.88%)	0	0	0	0	0	0	0	9 (CFR 0.53%)
Cumulative Number Lab Confirmed	Pending	Pending	Pending	Pending	Pending	Pending	Pending		Pending	Pending	Pending		110
Patients in the Wards	2	0	2	8	10	0	14	7	25	46	0	102	158
New Cases Today	1	0	1	4	5	0	9	5	4	19	0	43	67

3.2.

Figure 1: Outbreak evolution by time and place, Limpopo Province [Nov-2008/ Jan, 2009]

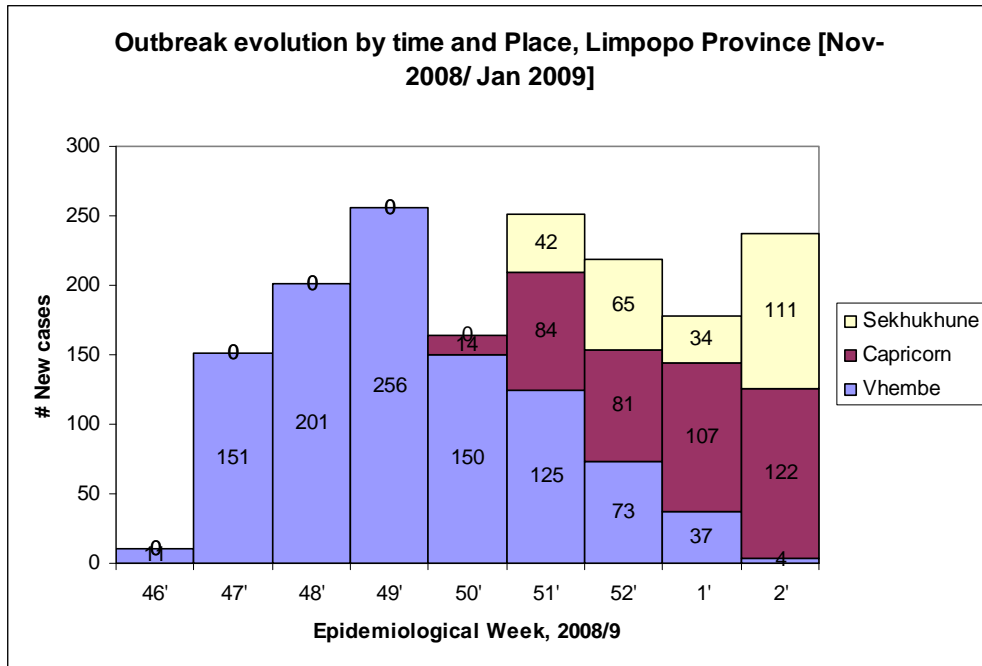
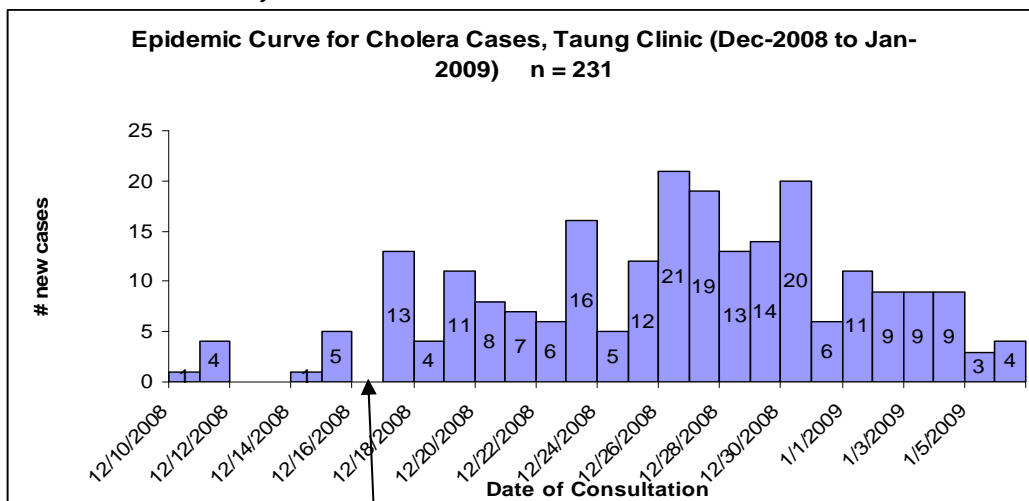


Table 2 and figure 1 show the evolution of the outbreak over time, with cases being reported initially from Vhembe District (Musina and Madimbo) from week 46 to date. The outbreak spread to Capricorn District with cases being reported starting week 50 to date. The most recent district to be affected is Sekhukhune, which reported cases starting week 51.

3.3.

Sekhukhune District:

Figure 2: Epidemic Curve for reported Cholera Cases, Taung Clinic (Dec-2008 to Jan-2009)



16th Dec. – Public Holiday

Social Mobilization and Health Promotion

- Door-to-Door campaigns are ongoing for health education, supply of bleach for household chlorination of drinking water, case finding for early initiation of treatment and referral to the nearest clinic.
- The volunteers are also being given ORS to distribute to the households so that all new cases can start on ORS as soon as symptoms develop and continue taking it on the way to the clinic/ hospital.
- Community meetings are ongoing to sensitize the communities on cholera prevention.
- There is still a great need to supply the district (Sekhukhune) with IEC materials. The ones being used currently are photocopies in black and white and are still very few. There is therefore urgent need to supply the district with adequate IEC materials in full color so that they are distributed and displayed in health facilities, and other public places.

Coordination

- The daily outbreak coordination meeting was held starting 8:00 am today in Dilokong hospital and the next meeting is scheduled for January 12, 2009.

Case Management

- New cases have been admitted from a new village along the Steelpoort River and they all reported using water from the River. The following interventions have been initiated:
 - Health care workers have been identified from other hospitals to beef up case management in Dilokong Hospital.
 - Door-to-Door campaigns initiated in the village for health education, supply of bleach for household chlorination of drinking water, case finding for early initiation of treatment and referral to the nearest clinic.
 - Water trucking to the newly affected village has started.
 - To improve access to care, the following have been done:
 - A tent has been set up at the local clinic that serves the community where most of the new cases are originating from. The tent will be used for oral rehydration of cases with no or some dehydration.
 - For all severe cases, the clinic nurses will put up an I.V. line and initiate I.V. rehydration. An ambulance has been stationed at the clinic to transport all the severe cases to Dilokong hospital.
 - The volunteers are also being given ORS to distribute to the households so that all new cases can start on ORS as soon as symptoms develop and continue taking it on the way to the clinic/ hospital.

Surveillance

- Updating of line lists for Dilokong hospital and clinics is ongoing (figure 2).
- Stool specimens have been taken from the cases that were reported from a new village.

4. UNICEF Executive Director Visiting The Republic of South Africa

- The UNICEF Executive Director Traveled to Musina where the Provincial and District authorities hosted the entourage on January 10, 2009. She was briefed on the progress made in responding to the Cholera outbreak in Musina and the plans that are underway to address the problems arising out of the presence of economic immigrants in Musina. In her address to the officials present:
 - She appreciated the efforts by government and Partner Agencies in responding to and controlling the outbreak in Musina and Madimbo
 - She however cautioned that there's still more work that has to be done to control the current outbreak and prevent future outbreaks.
 - Noted the need to improve the living conditions of the economic migrants at the show grounds with priority to the women and children, focusing issues including education for children.
 - Reiterated the commitment of the UN Agencies to support the Government to address the current problems and provide long term solutions
- Among the dignitaries present were: the MEC Health, Head of Branch (Health), senior officials (Health), WHO, National Field Coordinator for the cholera outbreak response in Limpopo – Dr. W Shasha, CEO- Musina Hospital and Officials of the Musina Local Municipality.

5. COMMENTS

During the visit of the NORT and partners to the field it was observed that in some areas community events associated with acute watery diarrhoea and cases that died in the community after acute watery diarrhoea had not been fully investigated and reported.

It is most important that we keep track of community events in order to further understand the dynamics of the epidemic, so that we could respond to the concerns of the community leaders. Further, this will harness the active involvement of community leaders in the outbreak response activities.

The line listing can easily separate community cases (like those treated at re-hydration centres, or those that have mild symptoms and may not even need treatment) and deaths (like those found dead on arrival of the ambulance and those buried with community initiative after acute watery diarrhoea and dehydration).

NB: Inputs from partners to be reflected in the sitrep on daily basis should be sent through Provincial outbreak response teams or through the National Coordinating team by e-mail: [mugerc@health.gov.za; Tel 0763932438] and [harryopata@yahoo.com Tel: 0798848339]; and [ramkrw@health.gov.za; Tel 0823174687]

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