



Information Bulletin

UPDATES ON CHOLERA EPIDEMICS

Kenya: Cholera Update

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Kenya has in the recent past faced a public health crisis with outbreaks of cholera being reported in one province after another. The figures presented in this bulletin are cumulative since January 2009 and submitted by the Kenya Red Cross Focal Persons in respective provinces in consultation with the Ministry of Public Health and Sanitation.

The Situation

Kenya has been experiencing outbreaks of Cholera, dysentery and other diarrheal diseases related to poor access to safe water and effective sanitation systems. The ongoing drought and acute water shortage in most parts of the country, low latrine coverage in most Kenyan communities, high poverty levels and traditional beliefs related to disposal of human wastes, household practices on personal hygiene and food safety have been identified as key factors leading to increasing transmission.

Historical Background

Major outbreaks of Cholera have been reported in Kenya since mid 1997 and have been affecting mainly four provinces including Nyanza, Eastern, Rift Valley and Nairobi recurrently. Within these provinces, transmission has been high from one district to another, this being attributed to patterns of people's movements some of which are disease carriers. Disposal of human waste in open field has also been identified as a key factor in transmission as these wastes often washed to the streams and underground water reservoirs like wells which serves as communal water points.

Following these outbreaks, hundreds of people have lost their lives to the epidemics. In 2008 at the peak of the Post Election Violence after the 2007 General Election, 16 districts in the country reported outbreaks of Cholera alone. The following is a highlight of reported outbreaks per province.

Factors contributing to rapid spread

- Proximity of latrines to water sources (read wells mainly in Kisumu slums) and consequent cross contamination.
- Poor food preparation and handling practices by road side food vendors.
- Poor access to safe water to communities in the slum and rural areas.
- As a result of looming drought situation in parts of upper eastern region all the shallow

- wells have dried up leading to communities using contaminated water from the rivers
- The drought situation has also led to an increase in malnutrition cases hence leading to lowered immunity thus the community is susceptible to diarrhea related diseases.

Cholera in Nyanza Province

Nyanza has reported one of the largest cholera case burdens since January 2009 with 8 of its districts having been affected. These include Kisumu East, Nyando, Rachuonyo, Homa Bay, Kisumu West, Siaya, Gucha South and Rongo. A total of 685 cases were reported with **21 deaths confirmed**. The outbreak has been controlled.

Outbreak in Eastern Province

Moyale District

The outbreak occurred in between March and April 2009 with a cumulative of **558 cases** having been reported and **10 deaths confirmed**. The outbreak was controlled although sporadic cases are occasionally reported mainly from Ethiopia to the Health facilities in Kenya. The WHO, UNICEF, MSF and other stakeholders have positively contributed to the prevention and control. The epidemic was also on Ethiopian side which led to collaborative activities between the two countries.

Isiolo District

The outbreak was reported between April and May 2009 with a total of **1,248 cases reported** and **14 deaths confirmed**. This outbreak affected Isiolo town and its neighbourhood and later spread out to Merti (220km away from the Isiolo town) where **171 cases** were treated and **6 deaths** reported and confirmed.

Garbatulla District

There has been an upsurge of acute watery diarrhoea in Garbatulla district where a total of **331 cases** have been treated with **6 deaths confirmed**. The samples were collected and sent to Nairobi National Public health laboratories for isolation. The situation is under control

Laisamis District

The outbreak in Laisamis is still on with a total of **834 cases** reported and **15 deaths confirmed**. There is no Government facility in Laisamis town, the headquarters of Marsabit South District. MSF, Red Cross and WHO is on the ground providing support to the Laisamis District

Cholera Situation in Coast Province

Multiple diarrheal cases have been reported in Mombasa, Kilifi, Kwale, Malindi and Mpeketoni since early June 2009. To date, 26 cholera cases have been confirmed in Mombasa, Kilifi and Malindi with **4 deaths** also confirmed.

Cholera Situation in Western Province

The outbreak, which is suspected to have been imported from Nyanza, occurred between March and April 2009 and was reported in 4 districts including Bungoma East, Kakamega Central, Busia and Butere districts. The total cases reported are **244 and 10 deaths were confirmed**. This outbreak has been controlled.

Cholera Outbreak in Rift Valley

The first outbreak in the Rift Valley province was reported in March in Nandi South District, where three focal points reported outbreaks including Chemase, Kaptumo and Nandi Hills Town. The second outbreak was reported in Nakuru G.K Prison where 10 cases were reported with **1 death**. In total, 29 cases were reported and treated in local health facilities and **5 deaths confirmed**.

Red Cross and Red Crescent Action

Kenya Red Cross has participated through its volunteers and in collaboration with the Ministry of Public Health and Sanitation in:

- Community education/Public health advocacy interventions.
- Water and sanitation through provision of household water treatment kits including PUR and Aqua Tabs
- Transfer of patients to the hospitals and supporting referrals to the next referral level
- Clinical/case management.
- Promotion of food hygiene and food safety.
- Training of Volunteers on PHAST in Emergencies

Community Education and Advocacy

Kenya Red Cross staff and volunteers in the affected regions and districts have been carrying out social mobilization and community awareness campaigns to boost the awareness of the community on control and prevention of new cholera cases, in close collaboration with officers from the Ministry of Public Health and Sanitation in the respective divisions and villages. The teams have also been spearheading chlorination of shallow wells and springs used as water sources by the affected communities, disinfection of latrines in Nyanza.

Water and Sanitation

Disinfection of water sources using chlorination pots has been one of the key strategies of preventing transmission of *V. cholerae*. Training on well chlorination has been done to some community members in Kisumu by the Kenya Red Cross volunteers using chlorination pots received from UNICEF.

To ensure water safety at consumption point, water treatment kits have been supplied in the past to communities which include aqua-tabs and PUR during household visits and awareness campaigns (schools and barazas) in the affected provinces and districts.

Suba district is one of the worst hit areas by the previous epidemics and as part of the outbreak management, the Kenya Red Cross set up an Emergency water purification machine that is low cost in operation. The outbreak was controlled and to date, no other outbreak has been reported in the district. This demonstrates that the outbreaks that have currently rocked the country can easily be managed with improvement of water and sanitation systems.

Food Hygiene and Safety

Sensitization on food hygiene is being emphasized by KRC volunteers during health education and awareness campaigns targeting communities and schools. The local government in conjunction with the Ministry of Public Health and Sanitation (MoPHS) are carrying out ban on hawking of unpackaged food in public and cooking and sell of food in open spaces (markets, streets etc).

Training of Volunteers on PHAST

Kenya RC volunteers involved in Community education have been trained on Participatory Hygiene and Sanitation Transformation methodology

Clinical Case Management

Support to Nyanza Province

- 5 Cholera kits have been distributed and used in Kisumu East, Kisumu West, Homa Bay, Rongo and Nyando.
- An assortment of drugs (Nalidixic acid, erythromycin syrup and tabs of as well as Doxycyclin capsules)
- 1200 sachets of ORS
- 30,000 Aqua tabs and 2500 sachets of PUR
- Infusions including Normal saline, 5% dextrose and Ringers lactate

Support to Eastern Province

- 4 cholera kits used in Kipsig, Laisamis, Isiolo and Garbatulla
- 40 cholera beds
- 60,000 tablets of Erythromycin
- 50,000 tablets of Doxycycline
- 400 bottles of 500mL Flagyl syrup
- 400 Giving sets
- 40,000 Flagyl tablets
- 40 Litres of Jik
- 90 Kg of chlorine
- KRC initiated formation of task and mobilized resources through DSG members and other stake holders in the affected districts
- KRC donated water tanks Merile and Laisamis CTC
- KRC provided incentives to volunteers and MOH personal during the outbreaks
- Community Education ongoing on cholera prevention

Support to Coast Province

- 3 cholera kits; 1 used at the Cholera Treatment Centre(CTC) in Frere town serving Mombasa and Kilindini, 1 to Msambweni and used in Kwale, Kinango and Msambweni and the third to Malindi
- 30 cholera beds to be used at the CTC
- 30,000 tablets of tetracycline
- 30 boxes of Ringer's lactate
- 30,000 tablets of doxycycline
- Training of volunteers on PHAST(E).
- Community Education ongoing on cholera prevention

Support to North Rift

- 3 cholera kits
- Support for training of volunteers on PHAST(E)
- 30 cholera beds to be dispatched(already procured)
- Doxycycline, Tetracycline and ringer's lactate to be dispatched
- 50,000 aqua tabs, 2500 sachets of PUR
- Community Education ongoing on cholera prevention

Support to North Eastern

- 2 cholera kits dispatched to Daadab refugee camps and neighbourhoods
- 30 cholera beds to be dispatched(already procured)
- PHASTE Training conducted
- Community Education ongoing on cholera prevention

Coordination and Partnerships

Kenya Red Cross has been working in partnership with Ministry of Public Health and Sanitation, Ministry of Medical Services and the Ministry of Water and Irrigation in controlling the outbreak in different provinces. Other partners include W.H.O, UNICEF and MSF.

The Priority Needs

The Cholera outbreak facing the country requires intensive community education, social mobilization for action and procurement and distribution of supplies. There exist knowledge gaps in the community on transmission cycle of cholera which is compounded by lack of safe water, lack of effective sanitation systems and the community practices which related to safe disposal of faecal matter.

Training of volunteers on participatory Hygiene and Sanitation Transformation in Emergencies (PHASTE) followed by cascading of the trainings and subsequent community education remains a critical point in mounting a control strategy. In the long term, improvement of water supply and sanitation systems as well as intensive community education will be the ultimate measure in preventing a recur of the outbreaks.

How we work

All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.

The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

Contact information

For further information specifically related to this operation please contact:

- **Mr. Abbas Gullet**, Secretary General, Kenya Red Cross Society, Email; gullet.abbas@kenyaredcross.org Phone 254.20.60.35.93; 254.20.60.86.81/13 Fax 254.20.60.35.89
- **Dr. James Kisia**, Deputy Secretary General, Kenya Red Cross Society, Email; kisia.james@kenyaredcross.org Phone 254.20.60.35.93; 254.20.60.86.81/13 Fax 254.20.60.35.89
- **Mr. Abdinoor Mohamed**, Head of Department, Disaster Preparedness and Response, Kenya Red Cross Society; Email abdinoor.mohamed@kenyaredcross.org. Phone 254.20.60.35.93; 254.20.60.86.81 Fax 254.20.60.35.89
- **Mr. Titus Mung'ou**, Public Relations and Communications Manager, Kenya Red Cross Society, Email info@kenyaredcross.org Phone 254.20.60.35.93; 254.20.60.86.81/13 Fax 254.20.60.35.89

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