Summary of the Cholera Outbreak:
Currently, Zimbabwe is experiencing a cholera outbreak that has claimed lives nationwide as well as cases of anthrax and moderate and severe diarrhoea outbreaks. As of December 2, 2008, a total of 12,546 suspected cholera cases, and 565 deaths had been reported, countrywide. The worst affected areas are Beitbridge, Harare, Nyamapanda, Chinhoyi, and Kariba. The outbreaks have been identified as originating from three main locations in Zimbabwe; Chitungwiza, a dormitory town, southeast of the capital Harare; Mola, in the district of Kariba; and Chinhoyi, in Mashonaland West Province. The overall case fatality rate is 4% but has reached up to 20 to 30% in remote areas. Out of the total number of cases, 50% have been reported from Budiriro, a high density suburb of the capital city, Harare. Beitbridge, a town bordering South Africa, has reported 26% of all cases. In the last two days, two additional areas have been affected: Chegutu (in Mashonaland West province) and Mvuma (in Midlands province). Reports have also been received from the Ministries of Health in neighbouring countries confirming cholera cases in Musina (South Africa), Francistown (Botswana) as well as Guro district (Mozambique).

Across Zimbabwe, hundreds of people have died from cholera in recent months, mostly in impoverished districts, and thousands have been treated for the highly infectious intestinal disease spread by contaminated food and water. There are reports that the cholera outbreak is spreading from urban to rural areas because of increased population movement and limited capacity to contain the disease. There is a heavy threat of the waterborne disease becoming endemic within the country given the imminent onset of the rainy season. The lack of chemicals for water treatment and the breakdown of the sewage systems in most urban areas of Zimbabwe are important risk factors for the spread of water-borne diseases such as cholera. Residents in the high density areas have been forced to dig shallow wells to obtain their own water source, frequently contaminated with sewage. There is also a danger that health care staff may not respond to the outbreaks due to lack of motivation and lack of drugs or supplies as mentioned above.
**The Situation in Mobile and Vulnerable (MVP) Communities:**
MVPs are among the high-risk groups for disease outbreaks in view of the fact that they reside in informal settlements, which have inadequate water and sanitation facilities and that they are highly mobile. The major sources of information for outbreak reporting in MVP communities are NGO partners, field staff, and community health volunteers or hygiene promoters trained on disease surveillance through IOM support, other UN agencies and health centres.

Since February 2008, IOM has received and responded to reports of cholera, anthrax, scabies and diarrhoea disease outbreaks among MVP communities in more than 10 districts. The provinces where IOM is in operation that have suspected and confirmed cases and deaths of cholera include; Harare, Mashonaland West, Manicaland, Matabeleland South, and Bulawayo. Please see Annex 1 for a map of IOM assisted districts affected by cholera and cholera-related activities being undertaken.

**Manicaland: Makoni and Mutare**
In Manicaland, IOM is supporting local authorities and the Ministry of Health and Child Welfare (MoHCW) with the provision of drugs, two vehicles for outbreak management and two IOM nurses to assist in the cholera response. In addition, IOM continues to monitor the situation for MVPs through a network of 125 community health volunteers that provide alerts on suspected cases. In coordination with MSF Luxemburg and the WASH and Health Clusters IOM helped establish six Cholera Treatment Centres (CTCs) in Makoni\(^1\) and Mutare for case management.

**Mashonaland Central: Centenary (Muzarabani)**
IOM sent a surveillance team to assess the situation in Centenary District (Muzarabani area) in Mashonaland Central on 29 November 2008. A total of 51 cases were reported in the whole district. IOM is currently addressing the following needs in Muzarabani based on the assessment done. IOM has dispatched a nurse and vehicle to provide medical supplies such as Oral Rehydration Salts (ORS), non-food items such as cleaning materials, buckets, and soap, protective clothing and tents and beds to set up CTCs. These supplies will be provided to the local clinics and CTCs. In addition, Ministry of Health staff will be provided with incentives and the vehicle will be available for transport requirements. In addition, IOM will conduct health education and hygiene promotion workshops on cholera prevention and control in collaboration with the MoHCW staff in the area and continue raising awareness on cholera in order to reduce number of reported mortality cases and limit spread of the disease.

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1 Makoni CTC s - Rusape General Hospital, Toriro, Yorkshire; Mutare District CTCs – Chisingwi, Kusena and St Andrews
Matabeleland North: Victoria Falls
At the request of local authorities and MoHCW, IOM assessed the cholera situation in Victoria Falls and found that, as of 2 December, no cholera related deaths or infections had been reported. However, IOM donated supplies to the Victoria Falls municipality for pre-positioning and preparedness which consisted of medical supplies, non-food items, IEC materials and tents to set up CTCs. This support means that Victoria Falls is prepared to set up a CTC within hours. Meanwhile a massive information campaign is on-going to further any outbreak.

Border Posts
Cholera outbreaks in the border districts of Beitbridge and Mudzi represent the latest challenges to the government’s limited capacity to contain the outbreak. The population movement from the border throughout the country increases the likelihood of the disease spreading more rapidly as has been the case in Beitbridge since 12 November 2008.

Beitbridge
Reports received from IOM BRSC indicated that as the 3rd of December 2008, Beitbridge District alone has had 3,129 cases of cholera since 12 November 2008. A single death was reported yesterday bringing the death toll to 83. Beitbridge District Hospital had 50 consultations on 3 December and of these 26 people were admitted. There are now 63 patients in the hospital. Please refer to Annex 2 for Beitbridge statistics.

In view of the limited capacity to contain the disease at the border, IOM has dedicated temporary public health nurses to complement the human resources capacity at the Cholera Treatment Centres and ensure that there is 24 hour health care available. IOM has also provided tents for the set up of the CTCs at the Beitbridge Hospital and at the IOM Beitbridge Reception and Support Centre (BRSC). Twenty-six community health volunteers and health and hygiene educators have been mobilised and trained to help raise awareness and conduct health education and hygiene promotion activities in Beitbridge town as well as Lutumba (where a further CTC was set up on the 2 December 2008), Tongwe, Chamanangana, Majini and Zezani.

Furthermore, IOM has been at the forefront in providing support to the Zimbabwe Ministry of Health and Child Welfare (MoHCW) at the onset of the outbreak in Beitbridge by providing transport, food, drugs and medical supplies to local health institutions and additional human resource capacity such as volunteers to distribute safe water, and decontaminators. Lastly, to address the urgent water needs, IOM and Action Against Hunger (ACF) are finalizing the connection of a borehole which will supply the Beitbridge Town Hospital with water.

Plumtree
Only one case of cholera has been reported in Plumtree and two cases have been reported in Botswana. Despite the low number of cases, the IOM Plumtree Reception and Support Centre (PRSC) remains on standby and has received drugs and supplies, including cholera beds which ensures that a CTC can be established within hours in case of an outbreak. In addition, IEC material is available on the Zimbabwean side of the border. The local hospital, Port Health authorities and IOM have teamed up to establish two CTCs – one at the hospital and one by the border, right next to

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2 The Botswana side remains hesitant to allow information to be posted at the border.
the PRSC. We have positioned a 5,000 liters water tank on the side of our compound with authority from the Town Council.

Coordination and Response
IOM is an active member of the UN Health and Water, Sanitation and Hygiene (WASH) Clusters that are coordinated by WHO and UNICEF, respectively. In addition, IOM is a regular participant in the Inter-Cluster team meetings that coordinate sector-wide responses to emergencies, including the current cholera outbreak. More importantly, IOM is working closely with its NGO partners in the field on disease surveillance and reporting, case management, food, water, and health and hygiene promotion. Partnerships at CTCs have been established with NGOs such as MSF Luxembourg and ACF to meet the needs in the field and assess the situation. IOM will be sending out posters provided by UNICEF on cholera, to border posts around the country to raise awareness and prevent further spread of cholera. IOM will monitor the posters in all the border areas where it has an office presence and link up with NGOs or other government authorities where there is no IOM presence at the border to ensure the posters are not vandalised.

Immediate Needs
- Intensify hygiene promotion and awareness campaigns;
- Essential drugs such as ORS, supplies and equipment (cholera beds, buckets, spray pumps, linen for patinets, hand washing basins) for proper case management at Cholera Treatment Centres;
- Additional health workers to handle expanding CTCs, including incentives for MoHCW staff;
- Training of community health volunteers and participatory health and hygiene educators on hygiene promotion;
- Pre-positioning cholera kits in cholera prone areas.
- Logistics and transport assistance to government and/or municipal health staff to respond to disease outbreaks;
- Wet feeding for patients and health staff at CTCs
- Capacity-building of community-level health cadres within MVP communities to improve early detection and active case finding;
- Address the immediate need for potable water and sanitation facilities in affected areas.
Annex 1

Reported Cholera Cases/Deaths and Activities in IOM assisted Districts

Legend
- Suspected Cases
  - 1 - 100
  - 101 - 500
  - 501 - 1500
  - 1501 - 3000
  - 3001 - 5000
- Number of reported cases = 10,360
- Number of deaths = 343

Total Deaths
- Number of Deaths
  - 1 - 10
  - 11 - 20
  - 21 - 50
  - 51 - 110

- Training
- Tent Distribution
- Non-Food Item distribution
- Transport or Fuel
- IEC distribution
- Awareness campaign
- Drugs & Medical Supplies provided
- Surveillance Teams
- Health worker incentives
- Cholera Treatment Centre
- Human Resources Provided (Nurses & Spray Operators)

82° Deaths recorded in urban centre only not in whole district
Annex 2

CHOLERA cases – in and out Patients, IOM CTC, 18 November – 3 December 2008

![Bar chart showing cholera cases - in and out patients, IOM CTC, November - December 2008]