

KENYA: CHOLERA

*19 February
1998*

appeal no. 19/97

situation report no. 1

period covered: December - January 1998

Although the first outbreaks of cholera were recorded in late August 1997, the El Nino rains which have lashed Eastern Africa since October have intensified the spread of all waterborne diseases. A haemorrhagic fever, which is a complication of the deadly Rift Valley Fever, has killed over 350 people (by conservative estimates) and is reported to be just 50 km from the capital Nairobi. Under Appeal No 19/97 Kenyan Red Cross volunteers continue to monitor the situation and provide health education and assistance at treatment centres.

The context

The El Nino phenomenon has brought catastrophic rains to the Eastern Africa Region, destroying infrastructure, killing thousands, wiping out livestock and displacing people. It has also led to a massive hike in waterborne diseases such as cholera, which was already on the increase before the heavy rains struck. On 10 November the International Federation launched an Appeal for CHF 224,000 to assist 240,000 people with immediate health assistance and other longer-term inputs.

Latest events

Rain continued almost unabated throughout January, reaching levels 20 times higher than normal. Twice during the month, the Mombasa-Nairobi Highway — linking the Indian Ocean port with the rest of the country, Uganda, northern Tanzania, Rwanda, Burundi, and the eastern part of the Democratic Republic of Congo — was closed for several days after heavy rains knocked out key bridges. Even by air, some parts of the country are inaccessible because airfields are flooded or damaged due to the heavy rains.

Cholera is sweeping the country, with serious outbreaks in the West, Northeast and in the capital, Nairobi. Other waterborne diseases have begun to emerge.

Nation-wide Cholera figures (Ministry of Health, 13 January 1998)

Province	Districts Affected	Cases	Deaths	Fatality Rate
Nyanza	All except Kisii, Nyamira and Gucha	7,184	446	6.2%
Coast	All districts	13,028	244	1.8%
Nairobi	Mathare, Korogocho, Muuru, Kibera, Kayole, Kawanware	1,069	29	2.7%
Eastern	Kitui, Mwingi, Machakos, Makueni, Moyale	161	29	18%
Rift Valley	Molo, Kericho, Turkana, Transzoia, Uasin Gishu	243	49	20.1%
Western	Busia, Teso, Kakamega, Bungoma	846	84	9.9%
North-eastern	Garissa	No Information	No Information	
Central	Not Affected			
Total		22,531	881	3.9

- { In mid-December reports of an outbreak of a fatal, hemorrhagic fever were received from Garissa and Wajir districts of North-eastern Provinces (NEP) and from seven villages over the border in Somalia. Initial case reports described clinical signs of acute onset of fever and headache, followed by bloody stools, bleeding from other orifices, then death within three days.
- { On 23 December the NEP Provincial Medical Officer reported 73 deaths due to the disease in Garissa district and 70 in Wajir. On 25 December, an investigatory team consisting of representatives from the Federation, African Medical Research Foundation, WHO and MSF, co-ordinated by the Provincial Medical Officer, began field investigations and collected serum specimens which were sent for testing to South Africa and to the Centres for Disease Control and Prevention in Atlanta. Today, the Rift Valley Fever, coupled with a yet unidentified haemorrhagic disease, has claimed more than 350 human lives and thousands of animal lives.

Red Cross/Red Crescent action

Northeast

- { The worst affected areas of North Eastern province are the outlying areas of southern, western and eastern Wajir district, and the northern and southern parts of Garissa district. From 5-7 December the Federation conducted a rapid water and sanitation assessment in Garissa town and, based on its findings, a Water/Sanitation Emergency Response Unit and a Technical Team of five delegates were seconded from the German Red Cross to provide an emergency supply of safe water and a provision of emergency latrines for 35,000 flood victims. The ERU is the only source of clean water in the district, producing 120,000 litres of water daily and chlorinating other water supplies for 35,000 beneficiaries.
- { In January, the Government established two camps - "El Nino" and "Bakuyu" camps to shelter 50,000 displaced flood victims, but only 9,000 people registered in both camps. The KRCS/Federation set up a 10,000 litres water bladder tank in each camp with three tap stands, and provided materials for the construction of 18 latrines. The ERU team is providing on the job training to ten KRCS counterparts and will begin to scale down the number of delegates in mid-February, slowly handing over operational responsibility to the National Society.
- { In December, KRCS/Federation established a Diarrhoeal Diseases Centre in Garissa, including ORS wards, consultation room, pharmacy, storage and kitchen facilities, plus a toilet block with five latrines, 25 cholera and spring beds, mats, ORS containers and other hospital equipment, to monitor the cholera outbreak. A diarrhoeal diseases surveillance team consisting of 93 Red Cross Community Health Workers and Traditional Birth Attendants was recruited and trained on diarrhoeal disease surveillance,

data collection and diarrhoea management. Teams monitor 21 villages in Central Garissa, conduct home visits every two days and provide health education on diarrhoea prevention and home care, and refer all suspected cholera cases to the Red Cross health centre. In December and January, 1,524 cases of diarrhoea were recorded and treated. No cholera related deaths were observed at the Red Cross centre, but ten were suspected at the Madogo health centre.

Health statistics for the Diarrhoea Diseases Centre

Condition	20-31 December 1997	1-31 January 1998	Total
Bloody/Watery Diarrhoea	987	1836	2823
Cholera Admissions	0	21	21
Malaria	17	625	642
Respiratory Illness	21	599	620
Haemorrhagic fever	4	31	34

- { To support the investigation of the disease outbreak KRCS/Federation has provided one Cholera Kit and ten Basic Units, and disinfectant, supplemented laboratory kits and provided administrative support. Eight patients with the suspected haemorrhagic disease were referred to the centre, of whom one died, one recovered and the others were being monitored at the Public Health Centre or their homes by the Red Cross surveillance team. The cumulative total cases of haemorrhagic disease in Central Garissa is 32, of which 12 have died.

Nyanza and Western

- { Seven months after the first case of cholera was reported in Nyanza, Western Kenya, the disease continues to wreak havoc in Kisumu, Rachuonyo, Migori, Suba, Homa Bay and Siaya districts. In December the number of cases recorded was 211, with 18 deaths. The Federation/KRCS trained 50 trainers and 553 volunteers, visited 446 households, distributed one cholera kit, three cholera beds and three tents under the Appeal programme.
- { A new format for collecting data is being designed and will greatly improve the quality and timeliness of information gathered. The Regional Health delegate will shortly visit the area to report in greater depth.

Coast

- { In response to the Cholera outbreak in the Coast Province KRCS/Federation provided one Cholera Kit and ten Basic Units, plus disinfectant to four Government hospitals in Mombasa, Kwale, Kilifi and Malindi districts. In Mombasa, a ORS centre was established by the local KRCS branch; however, at the time of reporting data and statistics were not available. The Task Force handling the cholera outbreak reported in January that the hardest hit areas are Nyanza and Coast provinces with 7,814 reported cases and 446 deaths in Nyanza. Coast province had 13,028 cases and 244 deaths.

Nairobi

- { A joint assessment mission consisting of the Regional Health Delegate, KRCS Health Co-ordinator and members of the Nairobi branch of KRCS was carried out on 19 December in Korogocho slum, as a result of which a proposal for intervention was drafted.
- { Korogocho is home to 100,000 people but no government health facility exists there, nor does it have a sewage system or reliable water supply. At the time of the assessment, 300 persons had been infected.
- { The Federation's Disaster Relief Emergency Fund allocated CHF 45,000 for the operation in early January, but even before the funds were made available, the Nairobi branch of KRCS established a treatment centre staffed by qualified volunteers and using a cholera kit donated by the Federation from its regional stock. The treatment centre provides services in a tent located in the slum.
- { During a joint follow-up mission on 23 January it was found out that the number of cholera patients seeking help in the treatment centre has gone down to an average of five to seven persons per day but the number is expected to go up as soon as rains resume.

- { Medical and nursing volunteers from Nairobi branch have been providing ORS as required. KRCS headquarters has provided technical back-up, while Federation delegations at regional and country levels have provided technical administrative support.

Outstanding needs

Funds must be advanced immediately to finance training and support the household interventions which are the key activities of this Appeal. Donations are also sought under the larger Regional Appeal (29/97) to provide immediate relief aid and longer-term rehabilitation to the vulnerable, not just in Kenya, but also in Somalia, Sudan, Uganda and Ethiopia. Donors are invited to contact Atoussa Parsey, Desk Officer for Eastern Africa on ++ 4122 7304315 for more information.

External relations - Government/UN/NGOs/Media

From the beginning of this operation efforts were made to avoid duplication of activities, hence the selection of Korogocho slum among other affected Nairobi slums. At the planning stage, MSF and a local NGO, Provide International, were consulted.

The Regional Health Delegate attended the WHO cholera consultation in Nairobi. The Kenya Red Cross Society is a member of the cholera Task Force set up by the Ministry of Health, which provides policy guidelines through regular meetings which KRCS, the Regional Delegation and Kenya Delegation attend.

At the outset of the operation, the Regional Information Delegate visited the operation site and arranged for a BBC crew to interview the Regional Health Delegate and the KRCS Health Co-ordinator.

Contributions

See Annex 1 for details.

Conclusion

Kenya is experiencing a multi-faceted tragedy, much of which can be directly attributed to the heavy and prolonged rains brought on by the worst El Nino for 50 years. Drought has given way to flooding, which has provoked fast-spreading outbreaks of cholera, malaria, haemorrhagic fever and other waterborne diseases. Infrastructure has been battered and access to the vulnerable is highly problematic. Community-level interventions, such as those outlined in appeal 19/97, with the backing of donors, will play a vital role in halting the march of diseases like cholera.

Ann Naef
Acting Head
Appeals & Reports Service

Bekele Geleta
Director
Africa Department