

Tropical Cyclones Idai and Kenneth Mozambique



National Situation Report 11

4th October 2019

Period covered: September 9th to 22nd, 2019



REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DA SAÚDE



Organização
Mundial da Saúde

1 Highlights

1.1 CYCLONE IDAI



- There are 68 active resettlement sites in cyclone Idai affected provinces, hosting 83,885 individuals¹.
- For populations in the resettlement areas, vulnerabilities remain in accessing basic health services,
- Acute malnutrition and pellagra cases are being reported into EWARS for Sofala province.
- Generally, weekly malaria cases reported in Idai affected districts are decreasing significantly in Beira and increasing in Dondo and Nhamanatanda, with a total 141,475 cases registered from 27th March to 22nd September 2019.

1.2 CYCLONE KENNETH



- There are 2 resettlement sites in Cabo Delgado with healthcare facility services accessible within a 6km range.
- Generally, weekly malaria cases in cyclone Kenneth affected districts continue to increase in Pemba and decrease in Metuge and Macomia, with a total 78,018 cases registered as of 22nd September 2019.

Background

1.3 CYCLONE IDAI

Cyclone Idai hit central Mozambique in March 2019 and subsequent flooding, rain and devastating winds, forced up to 400,000 people to flee their homes. The official death toll reported was 603 people, with more than 1,641 people injured. Latest data shows a slight increase in displaced population across 68 sites now hosting 16,900 households in sites in Sofala, Zambezia, Manica and Tete provinces. There are ongoing efforts with government and health partners in coordinating access to basic health services for affected and resettled populations.

1.4 CYCLONE KENNETH

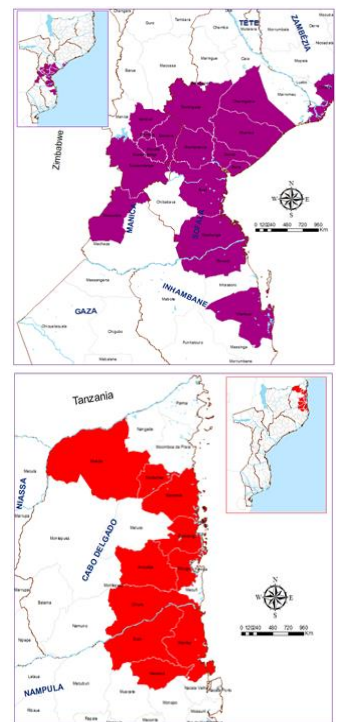
Cyclone Kenneth, a category 3 cyclone, struck the coast of northern Mozambique hitting Cabo Delgado province, and affecting Nampula province. The number of affected people reached 254,750, the official death toll reported was 45 people, with more than 45,000 houses affected, partially or totally destroyed.⁴ With health structures damaged, access to health services in the cyclone-affected area remain a challenge. Coordination efforts are ongoing with health infrastructure partners supporting health facility rehabilitation in the most affected facilities and to ensure provision of basic health services to populations.

Analysis of the current situation

1.5 CYCLONE IDAI

1.5.1 Access to health services

Access to health services remains a challenge across some cyclone-affected areas as reconstruction of damaged or destroyed health structures is still ongoing. There continues to be limited access to basic health services to the population internally displaced across the 68 resettlement areas, numbers having increased slightly in the last few weeks to 83,855 people, corresponding to 16,900 households. WHO continues working in close collaboration with DPS and health partners to increase the availability of basic health services in the resettlement areas, facilitate provision of mobile services and strengthen overall disease surveillance.



¹ IOM DTM Mozambique, 06th September 2019

² Mozambique Cyclone Idai Post Disaster Needs Assessment, May 2019

³ Agreed People in Need number, OCHA, Cyclone Kenneth Flash Appeal, May 2019

⁴ UNOCHA Situation Briefing, 12 May 2019

1.5.2 Communicable Diseases

1.5.2.1 Cholera

As of Epi Week 38 (16th – 22nd September 2019) no suspect cases have been reported. It is 115 days since the last confirmed cholera case of the outbreak in Sofala (30th May 2019 in Nhamatanda district).

1.5.2.2 Malaria

Table 1 below shows the number of cumulative malaria cases in the affected areas of Sofala province with 141,475 cases reported as of 22nd September 2019.

Table 1: Malaria cumulative cases and attack rate by district, in Sofala province, 27th March – 22nd September 2019.

District	Confirmed Cases	Population	Attack Rate per 100,000 Pop.
Beira	27,474	465,918	5,897
Búzi	26,948	207,631	12,979
Dondo	30,877	189,259	16,315
Nhamatanda	56,176	322,511	17,419
Total	141,475	1,185,319	11,936

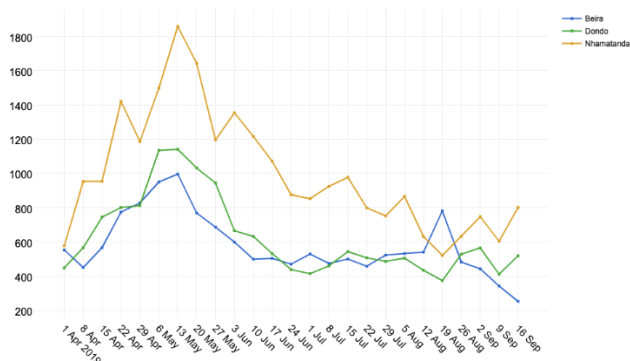


Figure 1: Malaria cases by week at sentinel sites in Sofala province, 1st April – 22nd September 2019.

1.5.2.3 Malnutrition

From 15th April to 22nd September, 68 health facilities in Beira, Búzi, Dondo and Nhamatanda reported nutritional screening of children from Idai affected districts. Out of 141,960 screenings, 2,977 (2.1%) cases of acute malnutrition were identified. Of these, 2,097 were classified as moderate acute malnutrition (MAM), and 880 as severe acute malnutrition (SAM).

1.5.2.4 Pellagra

WHO will be supporting DPS to organize a cascade training on pellagra as part of the outbreak response. The multi-sectoral group established to develop the pellagra response strategy is currently finalizing the plan and the procurement process for pellagra treatment (nicotinamide) is underway. Most cases identified from 17th June to 22nd September are individuals older than 15 years of age, with no cases of pellagra identified in children under 5.

- Pellagra data is being notified into EWARS for the province of Sofala, districts of Nhamatanda, Búzi and Dondo.
- Pellagra cases notified for Nhamatanda by Medicus del Mundo for period 1st – 31st June is 130⁵.
- Additionally, a total of 609 cases of pellagra have been reported into EWARS for Sofala.
- Up until 22nd September, a total of 751 pellagra cases have been identified.

Table 2: Malnutrition table by district, in Sofala province, 15th April – 22nd September 2019

District	SCREENED	MAM (%)	SAM (%)	Pellagra
Beira	63,149	613 (0.97)	241 (0.38)	6
Buzi	19,950	238 (1.20)	114 (0.57)	235
Dondo	32,270	743 (2.30)	324 (1.00)	35
Nhamatanda	26,591	503 (1.90)	201 (0.76)	475
Total	141,960	2,097 (1.48)	880 (0.62)	751

⁵ Data not aggregated into EWARS: 130 cases

1.6 CYCLONE KENNETH

1.6.1 Access to health services

A number of health structures remain damaged, some mobile services are currently being provided through the Provincial Health Directorate in Cabo Delgado with provision of care in areas considered insecure still challenging. A working group on health access and access to insecure areas has been established.

1.6.2 Communicable Diseases

1.6.2.1 Cholera

As of Epi Week 38 (16th – 22nd September) no suspect cases have been reported. Total cases reported stands at 284; marking no reported cholera cases for the last 96 days.

Table 3: Cholera attack and case fatality rate by district, Cabo Delgado, 1st May – 22nd September 2019⁶.

District	Cases	Population	Deaths	CFR (%)	Attack rate per 100,000 Pop.
Pemba	224	200,529	0	0.0	111
Metuge	43	86,866	0	0.0	49
Mecúfi	17	40,433	0	0.0	42
Total	284	504,637	0	0.0	56

1.6.2.2 Malaria

In Epi Week 38, malaria cases in affected areas in Cabo Delgado have decreased in all districts, with 78,018 confirmed cases, as of 22nd September (Table 4).

Table 4: Malaria cumulative cases and attack rate by district, 27th March – 22nd September 2019⁶.

District	Confirmed Cases*	Population	Attack Rate per 100,000 Pop.
Pemba	19,419	200,529	9,684
Macomia	18,707	114,345	16,361
Metuge	18,968	86,866	21,836
Ibo	938	12,205	7,686
Quissanga	9,042	50,259	17,991
Mecúfi	10,944	40,433	27,067
Total	78,018	504,637	15,461

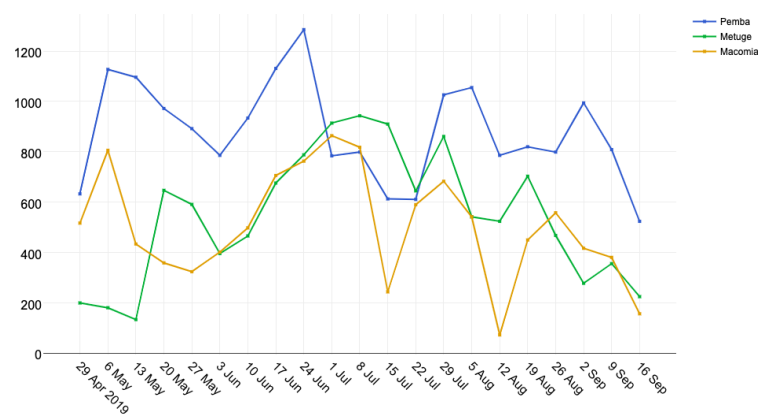


Fig 2: Malaria cases by week at sentinel sites in Cabo Delgado province, 29th April – 22nd September 2019⁶.

Public health response

4.1 CYCLONE IDAI

In current recovery phase, Provincial Health Directorates (DPS), INS and health partners' interventions are prioritising health access, surveillance, information gathering and health promotion through public health messages. Mobile brigades are disseminating messages and content of materials developed with DPS, topics covered include general health promotion, reproductive maternal and child health, GBV and mental health.

⁶ Provincial Health Directorate of Cabo Delgado, [National Institute of Health \(INS\)](#), EWARS data, 22nd September 2019

4.1.1 Cholera

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none">• Provision of technical support to MoH for cholera control and elimination planning.• Review and amendment of the ToRs for the EWARS/mAlert monitoring and laboratory surveillance.
Surveillance & Laboratory	<ul style="list-style-type: none">• Disease surveillance into EWARS is ongoing across 4 districts (Beira, Búzi, Dondo and Nhamatanda).

4.1.2 Malaria

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none">• Provincial Health Directorate is coordinating weekly meetings with active participation of WHO and partners.
Surveillance	<ul style="list-style-type: none">• Surveillance into EWARS is continuing for 4 priority districts.• WHO on-the-ground team support malaria activity monitoring in the priority districts.

4.1.3 Nutrition

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none">• Field visits have been carried out to gather information on malnutrition and pellagra.• WHO to support DPS in the printing of SAM treatment protocol guidelines for 17 health facilities with paediatric inpatient units.
Surveillance	<ul style="list-style-type: none">• WHO continues to support INS and DPS with reporting of daily pellagra cases into EWARS.• DPS, INS and WHO continue supporting health facilities with nutrition surveillance.

4.2 CYCLONE KENNETH

In all Kenneth affected sites displaced populations have access to health facilities or some kind of basic medical services within 6 kilometres and no health partners have presence in these sites.⁷

The province of Cabo Delgado has 6 districts with 30% or more cases of diarrhoea in adults in recent weeks. Pemba City,-lbo, Mocímboa da Praia, Muidumbe and Palma districts. Mocímboa da Praia have experienced an increase of diarrhoea cases in the last weeks, with children under 5 years being the most affected.

4.2.1 Cholera

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none">• Weekly coordination meetings with Provincial Health Directorate and partners.
Surveillance & Laboratory	<ul style="list-style-type: none">• Review and amendment of terms of reference for monitoring EWARS/mAlert and laboratory surveillance.

4.2.2 Malaria

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none">• WHO with INS, DPS and partners, are encouraging regular reporting of data through EWARS.• Integrated communication efforts for malaria, cholera, diarrhoea and nutrition involving DPS, OMS, UNICEF, FDC and the leader of the traditional healers.
Surveillance	<ul style="list-style-type: none">• Malaria cases have generally decreased in the sentinel sites in Cabo Delgado in the last Epi week ending 22nd September.

⁷ Mozambique – Site assessment- Cyclone Kenneth, Round 5, INGC/IOM, September 2019

Gaps and challenges

5.1 CYCLONE IDAI

- The provision and availability of health services at resettlement sites continues to be a challenge.
- DPS continue to be a priority for the rehabilitation of damaged health facilities.
- Malnutrition:
 - Pellagra treatment remains challenging. Nicotinamide supplies are expected in late September 2019.
 - Notification of pellagra cases are occurring only within a limited geographic area.
 - Areas identified as most affected by pellagra (Nhamatanda, Dondo and Buzi) were also identified as areas where gaps in health professional knowledge and information were present.
- Mobile brigades continue to experience accessibility challenges, compounded by lack of transport and phone credit, constraining coordination, surveillance and timely EWARS reporting.

5.2 CYCLONE KENNETH

- The provision and availability of health services for populations in affected areas outside Pemba continues to be a challenge.
- Returning health services to rehabilitated health facility buildings, from tents, continues to be a priority.
- Continue to work closely with DPS and INS to strengthen disease reporting
- Gaps in data and information management challenges and difficulties with EWARS devices impact data availability and reporting from health facilities.
- EWARS/Surveillance:
 - There are gaps in knowledge from health workers of the epidemiological profile in Chiure, Palma Mecúfi, Mueda and Meluco).
 - High rotation of health technicians affecting coordination between province and health facility level.
 - Technicians responsible for data entry are often overloaded by other routine activities outside the health facility.
 - Technicians recently allocated to health facilities have not received adequate training for the use of the equipment.
 - Data and information management on outbreak prone diseases from health facilities needs strengthening.

Recommendations and next steps

6.1 CYCLONE IDAI

1. Strengthen monitoring of reported acute malnutrition cases across health facilities including community-based surveillance mechanisms in affected areas for outbreak prone diseases.
2. Continue supporting DPS in addressing gaps in knowledge of pellagra epidemiological profile for health staff
3. Ensure completeness of nutrition data, including notified pellagra cases and consider notification of pellagra cases in other areas of occurrence.
4. Support efforts at resettlement sites for availability and delivery of basic health services.
5. Support EWARS reporting efforts through information sharing and relevant training for health professional/data technicians.

6.2 CYCLONE KENNETH

1. Monitor the trends of priority diseases, mainly diarrhoea and malaria.
2. Strengthen support and coordination with DPS for communication action planning for community engagement in the target districts and to reduce the impact of operational challenges in relation to sharing of surveillance data.
3. There is an opportunity to develop an EWARS short-term system improvement plan to improve data reporting and awareness to address immediate challenges.
4. Support DPS in addressing urgent gaps in knowledge of epidemiological profile.
5. There is an opportunity to strengthen data management activities and resources and expand EWARS to support information on epidemic-prone diseases at health facility level.

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