

Tropical Cyclones Idai and Kenneth Mozambique



National Situation Report 7

17th July 2019

Period covered 1st - 14th July 2019



REPÚBLICA DE MOÇAMBIQUE
MINISTÉRIO DA SAÚDE



1 Highlights

1.1 CYCLONE IDAI

1.85M People affected	400K Displaced	603 Deaths	1,641 Injured	1.2M People in need	82,336 Malaria cases
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- There are 63 active resettlement sites in cyclone Idai affected provinces, hosting 67,420 individuals.¹
- Partners are supporting health facilities rehabilitation efforts in most cyclone-affected districts, it is crucial to ensure expansion of basic health services to population in resettlement sites.
- There is an ongoing monitoring of severe acute malnutrition and surveillance of pellagra.
- Weekly malaria cases reported in Idai affected districts is declining, with cumulative 82,336 cases registered since 27th March - 14th July 2019.

1.2 CYCLONE KENNETH

18,029² Displaced	45 Deaths	91 Injured	374K³ People in need	284 Cholera cases	43,076 Malaria cases
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- Since the declaration of the cholera outbreak, 284 cases were reported. There are no reports of suspected cases of cholera since the 18th June 2019.
- Due to destruction and damage of health facility structures, as rebuilding continues, some health facilities continue providing services from tents in the districts of Ibo, Quissanga, Mucojo, and Macomia.
- Weekly malaria cases in cyclone Kenneth affected districts continue to increase in the district of Macomia and decreasing in Metuge and Cidade de Pemba, with cumulative 43,076 cases registered as of 14th July.

2 Background

2.1 CYCLONE IDAI

In March 2019, the impact of cyclone Idai and subsequent flooding has resulted in an estimated 1.85 million people in need of humanitarian assistance and protection in Sofala, Manica, Zambézia and Inhambane provinces. The official death toll reported was 603 people, with more than 1,641 people injured, according to the Government of Mozambique⁴. There is resettled population across 63 resettlement sites hosting 14,528 families and 67,420 people, in resettlement sites across Manica, Sofala, Tete and Zambezia provinces. Humanitarian partners continue supporting the affected population shifting from emergency to early recovery interventions.

2.2 CYCLONE KENNETH

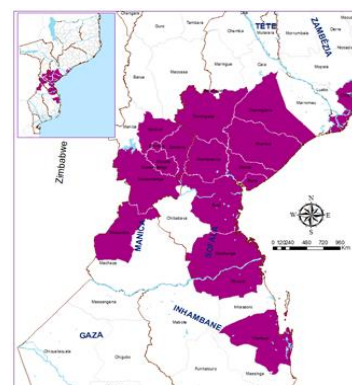
On 25 April, Cyclone Kenneth reached the Mozambican coast on the extreme north of the province of Cabo Delgado, hitting Ibo, Quissanga and Macomia districts in the category 3 of Tropical Cyclone. The number of affected people reached 254,750 (54,554 families), 45 people died, and more than 45,000 houses have been either totally (22,865) or partially destroyed (22,042).⁵ Internal displaced population and affected returning persons in the cyclone areas continue to be sheltered in resettlement sites.

3 Analysis of the current situation

3.1 CYCLONE IDAI

3.1.1 Access to health services

There are still challenges in access to basic health services for communities in the hard to reach and in resettlement areas, across 4 provinces, in 63 active resettlement sites, 20 in Sofala, 28 in Manica, 11 in Zambezia and 4 in Tete⁶. A recent site resettlement assessment in Sofala province reveals concerns with availability of basic health services, readiness of service and with the infrastructure. To improve the current situation health partners have identified the need to further coordinate their response efforts.



¹ IOM DTM Mozambique, latest available data, 28th June

² Mozambique Cyclone Idai Post Disaster Needs Assessment, May 2019

³ Agreed People in Need number, OCHA, applicable for all UN Agencies. Cyclone Kenneth Flash Appeal, May 2019

⁴ INGC Situation report, 21 May 2019

⁵ UNOCHA Situation Briefing, 12 May 2019

⁶ IOM Daily Movement Tracking Tool – Resettlement Sites, as of 28th June 2019, Accessed 14 July 2019

3.1.2 Communicable Diseases

3.1.2.1 Cholera

There are no suspect cases of cholera in Epi Week 28, from the 8 – 14th July. This is the 6th consecutive week without suspect cases reported. Monitoring is ongoing. The 2nd round of cholera vaccination campaign is in progress from 15-19th July in 6 districts in Beira, Buzi, Dondo, Nhamatanda, and selected areas in Muanza and Chiringoma.

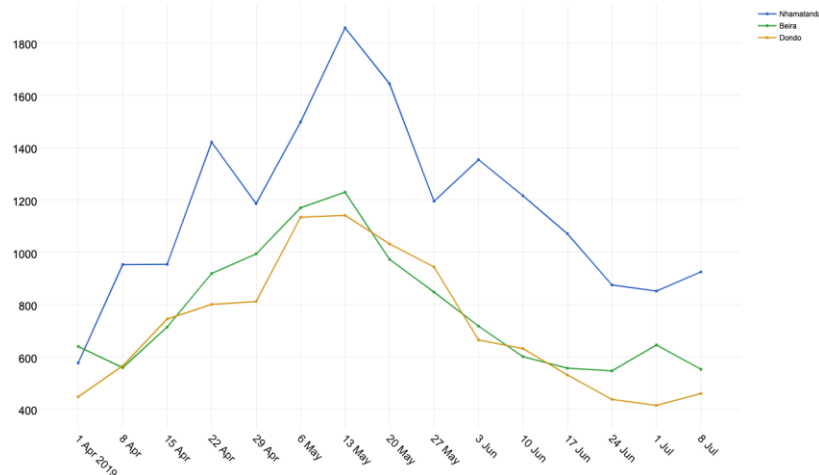
3.1.2.2 Malaria

General weekly number of malaria cases are declining in affected areas in Sofala province, with cumulative 82,336 cases reported as of 14th July. (Fig. 1).

Table 1: Malaria cumulative attack rate by district, in Sofala province, 27 March – 14 July 2019

District	Confirmed Cases	Population	Attack Rate per 100,000 Pop.
Beira	18,791	465,918	4,071
Buzi	8,912	207,631	4,292
Dondo	20,423	189,259	10,791
Nhamatanda	34,030	322,511	10,551
Total	82,336	1,185,319	6,946

Figure 1: Malaria cases by week at sentinel sites in Sofala province, 1 April – 14 July 2019⁷



3.1.2.3 Nutrition

Since the beginning of the emergency close to 470,908 nutritional screenings were performed and 26,807 nutrition counselling services were provided for severe acute malnutrition identified through mobile brigades and partner mobilization. A total of 65 health facilities in Beira, Búzi, Dondo and Nhamatanda reported from 27th May to 7th July and they carried out nutritional screening of 73,047 children. The total of cumulative cases of malnutrition was 1,848, of who 1,258 were reported as moderate acute malnutrition (MAM) and 590 reported as severe acute malnutrition (SAM), corresponding to 0.8% of SAM among the screened children.

3.1.2.4 Pellagra (Vitamin B deficiency)

- Reporting of pellagra cases through EWARS is ongoing.
- Cumulative number of pellagra cases reported as of 14th July is 287 in the district of Nhamatanda.
- WHO is supporting INS, DPS and partners with tools to notify cases daily, register and follow treatment.
- INS are carrying out investigations of cases with support from partners.
- DPS, WHO and partners continue to closely follow up pellagra reported cases.

⁷ Sentinel sites in Sofala province are located in Beira, Nhamatanda and Dondo

3.2 CYCLONE KENNETH

3.2.1 Access to health services

- Access to health services remains a challenge in the cyclone-affected areas as health structures are damaged or destroyed and access to some areas remains limited.
- Some of the hardest hit areas were along the coast north of Pemba, where some health structures remain closed or difficult to access.

3.2.2 Communicable Diseases

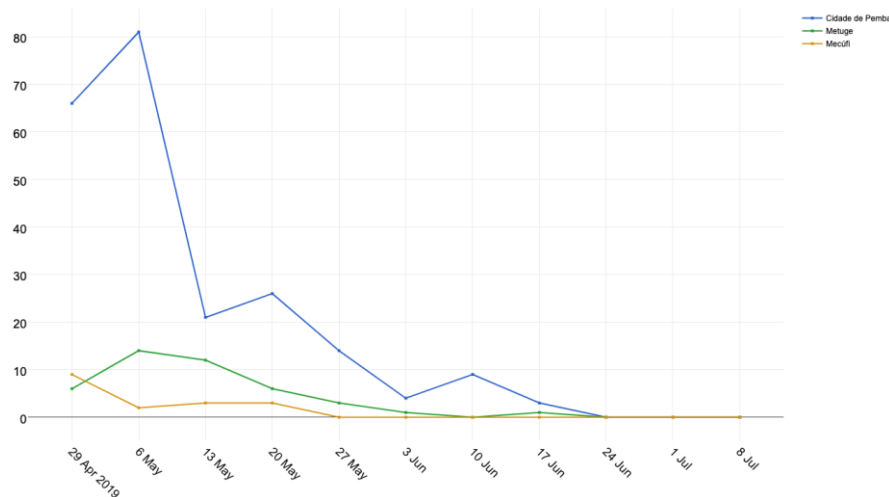
3.2.2.1 Cholera

An outbreak of cholera was confirmed on 1st May 2019 in Pemba and Mecúfi and later in Metuge districts. As of 14th July 2019, 284 cases were reported; there has been no reported cholera cases for the last 26 days. Two rounds of OCV campaign have been successfully completed.

Table 2: Cholera attack and case fatality rate by district, Cabo Delgado (1 May – 14 July)⁸

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

Figure 2: Cholera cases by week at sentinel sites in Cabo Delgado province, 1 May – 14 July)⁹



3.2.2.2 Malaria

Malaria cases in affected areas in Cabo Delgado continue to increase in the district of Macomia and decreasing in districts of Metuge and Cidade de Pemba, with a cumulative of 43,076 cases registered as of 14th July (Fig. 3).

Table 3: Cumulative malaria cases by districts on July 14th 2019¹⁰

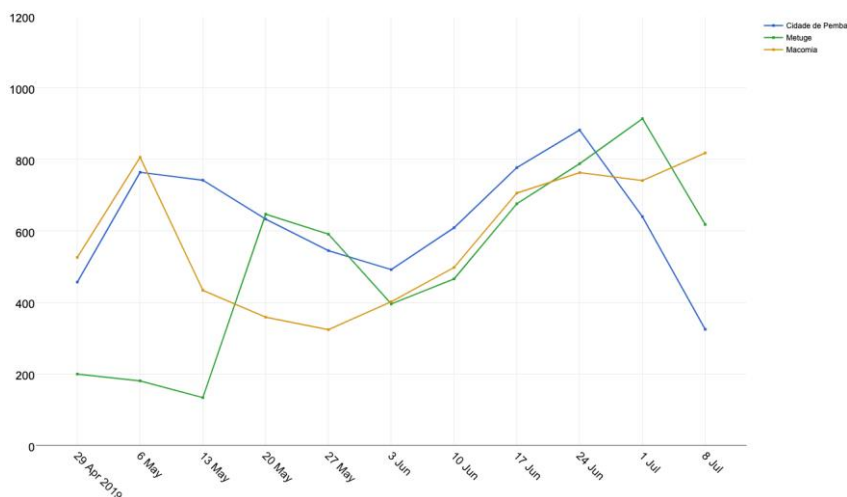
District	Confirmed Cases	Population	Attack Rate per 100,000 Pop.
Pemba	10,799	200,529	5,385
Macomia	10,692	114,345	9,350
Metuge	10,364	86,866	11,931
Ibo	232	12,205	1,900
Quissanga	4,855	50,259	9,659
Mecúfi	6,134	40,433	15,170
Total	43,076	504,637	8,536

⁸ Direcção Provincial de Saúde de Cabo Delgado, Instituto Nacional de Saúde, 14th July 2019

⁹ Direcção Provincial de Saúde de Cabo Delgado, Instituto Nacional de Saúde, 14th July 2019

¹⁰ Direcção Provincial de Saúde de Cabo Delgado, Instituto Nacional de Saúde, 14th July 2019

Figure 3: Malaria cases by week in Cabo Delgado districts on July 14th 2019¹¹



4 Public health response

4.1 CYCLONE IDAI

An **Orange alert** remains in place by the Government of Mozambique for the northern region as from the 14th of May¹².

4.1.1 Cholera vaccinations

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> The 2nd round of the oral cholera vaccination is ongoing from the 15-19 of July
Surveillance & Laboratory	<ul style="list-style-type: none"> There have been no reports of cholera cases for the last 45 days. Monitoring is still ongoing.

4.1.2 Malaria response

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> Malaria task force continues to provide support to the MoH for vector control
Surveillance	<ul style="list-style-type: none"> Rapid assessment was carried out in Manica (Dombe) and Sofala (Nhamatanda and Dondo). The trend shows the decline of Malaria cases in all sites. Epidemiologists on the ground from WHO are supporting INS in the analysis of malaria data to verify trends in priority districts.

4.1.3 Nutrition response

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> Nutrition task force is providing logistics and operational support to the DPS There are challenges in the provision of drugs for treatment of pellagra
Surveillance	<ul style="list-style-type: none"> DPS and INS are conducting investigations of pellagra cases. WHO continues to support INS and DPS with EWARS platform, reporting daily pellagra cases. DPS, INS and WHO continue supporting Health Facilities improving nutrition surveillance.

4.2 CYCLONE KENNETH

4.2.1 Cholera outbreak response

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> Weekly coordination meetings continue, chaired by the DPS and supported by the Health Cluster
Surveillance & Laboratory	<ul style="list-style-type: none"> As of 14th July, no suspect cases have been reported for the last 26 days Surveillance and monitoring is ongoing

¹¹ Direcção Provincial de Saúde de Cabo Delgado, Instituto Nacional de Saúde, 14th July 2019

¹² National Emergency Operations Centre, INGC, Special release /CENOE/INGC/EEC2018-19, 14th April 2019

4.2.2 Malaria response

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none">As part of Universal coverage campaign (UCC), mosquito net distribution is ongoing in Cabo Delgado province
Surveillance	<ul style="list-style-type: none">Malaria cases have generally been declining for the past 2 Epi weeks in the districts of Metuge and Cidade de Pemba and continue to increase in the district of MacomiaMonitoring and analysis of historical malaria data from sentinel sites to verify trends continues.
Drugs and Supplies (bed nets)	<ul style="list-style-type: none">There are no major gaps in drugs /supplies or affecting the current bed nets universal coverage campaign

Gaps and challenges

4.3 CYCLONE IDAI

- There are still challenges being addressed in availability of health services at resettlement sites.
- Regular provision of food for vulnerable people is concerning as humanitarian support is declining.
- Attention needs to be given to Community Social Mobilization (ACSM) for OCV 2nd round.
- Shortage of nicotimide for treatment of pellagra is still a challenge.
- Regular provision of mobile brigades in the resettlement areas to provide medical assistance.

4.4 CYCLONE KENNETH

- Provision of healthcare for population in the affected areas outside Pemba due to destruction of health care infrastructures remains a challenge.
- Funding and implementation of rehabilitation need to be accelerated to move services currently provided in tents into buildings before the rainy season starts.

5 Recommendations and Next Steps

5.1 CYCLONE IDAI

- Continue ongoing cholera surveillance.
- Continue monitoring the trends in malaria cases.
- Continue monitoring and following up reported severe acute malnutrition cases and pellagra.
- Strengthen monitoring at resettlement areas on availability and delivery of basic health services.
- Restoration of the health infrastructure and services in affected areas needs to be supported.
- Strengthen ACSM for OCV in all selected districts.

5.2 CYCLONE KENNETH

- Continue ongoing cholera surveillance.
- Continue monitoring the trends in malaria cases.
- Strengthening of nutrition surveillance.
- Continue ongoing cholera monitoring situation.
- Review referral pathways and review possibilities to extend scale and scope of services in different locations.
- Restoration of the health infrastructure and services in affected areas needs to be supported.

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