

Tropical Cyclones Idai and Kenneth Mozambique



National Situation Report 8

02nd August 2019

Period covered 15th - 28th 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	104,850 Malaria cases	458 Pellagra cases
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- The second round of the Oral Cholera Vaccination (OCV) has successfully concluded, a coverage of 95% was achieved, resulting in 814,081 people vaccinated.
- There are 64 active resettlement sites in cyclone Idai affected provinces, hosting 77,152 individuals.¹
- There continue to exist vulnerabilities in the access to basic health services for population in the resettlement areas.
- Severe acute malnutrition and surveillance of pellagra cases are being reported into the EWARS for Sofala province.
- General, weekly malaria cases reported in Idai affected districts are decreasing, with cumulative 104,850 cases registered since 27th March - 28th July 2019.

1.2 CYCLONE KENNETH

18,029² Displaced	45 Deaths	91 Injured	374K³ People in need	284 Cholera cases	53,047 Malaria cases
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- The last suspected case of cholera was reported on the 18th June 2019, as of end of Epi Week 30 on the 28th July it has been 40 days without new suspected cases.
- Basic health services are still being provided from tents in districts of Ibo, Quissanga, Mucojo and Macomia.
- Provincial Health Directorate Cabo Delgado has identified the worst cyclone affected areas as priority areas for health facility service recovery and cholera affected districts of Pemba, Mecúfi and Metuge areas as high-risk to public health.
- Generally, weekly malaria cases in cyclone Kenneth affected districts continue to increase, with cumulative 53,047 cases registered as of 28th July.

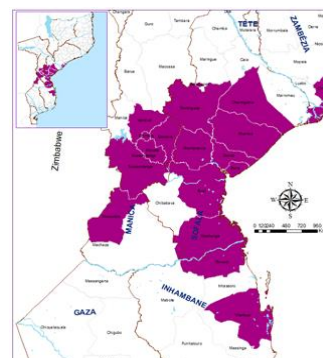
2. Background

2.1 CYCLONE IDAI

Cyclone Idai hit central Mozambique in March 2019 and subsequent flooding has resulted in an estimated 1.85 million people in need of humanitarian assistance and protection. The official death toll reported was 603 people, with more than 1,641 people injured⁴. Affected displaced population numbers have slightly increased across 64 resettlement sites now hosting 16,324 households in sites in Manica, Sofala, Tete and Zambezia provinces. There is a focused effort in coordinating access to basic health services and of community-based surveillance for resettled populations.

2.2 CYCLONE KENNETH

Cyclone Kenneth, a category 3 cyclone, struck northern Mozambique coast hitting Cabo Delgado province, and affecting Nampula province. The number of affected people reached 254,750, official death toll reported was 45 people, and more than 45,000 houses affected, partially or totally destroyed.⁵ With health structures damaged, access to health services in the cyclone area remains a challenge, coordination efforts are ongoing with health infrastructure partners to support health facility rehabilitation to the most affected facilities and ensure provision of basic health services to populations.



3. Analysis of the current situation

3.1 CYCLONE IDAI

3.1.1 Access to health services

There is a risk of health problems affecting populations due to limited access to basic health services in the hard to reach areas and to the 77,152 people, corresponding to 16,324 households, which are in the active resettlement areas, across 4 provinces, 20 sites in Sofala, 28 in Manica, 11 in Zambezia and 4 in Tete⁶. There are ongoing efforts to provide mobile clinic services and an active working group on mobile brigades is carrying out assessments and coordinating activities to address provision and availability of basic health services in the resettlement sites.

¹ IOM DTM Mozambique, 18th July

² Mozambique Cyclone Idai Post Disaster Needs Assessment, May 2019

³ Agreed People in Need number, OCHA, 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, 18th July 2019

3.1.2 Communicable Diseases

3.1.1.1 Cholera

There are no suspect cases of cholera in Epi Week 30, from the 22nd – 30th July. This is the 8th consecutive week without suspect cases reported. The 2nd round of the cholera oral vaccination campaign ran from 15 – 19th July across 6 districts in high-risk communities identified by the Ministry of Health across Beira, Búzi, Dondo, Nhamatanda, and selected communities in Muanza and Cheringoma. Roughly 900,000 vaccines were provided to a successful OCV 2nd round campaign where a 95% coverage was achieved, resulting in over 814,081⁷ people vaccinated.

3.1.1.2 Malaria

Weekly number of malaria cases in affected areas in Sofala province with cumulative 104,850 cases reported as of 30th July (Table 1).

Table 1: Malaria cumulative attack rate by district, in Sofala province, 27th March – 28th July 2019

District	Confirmed Cases	Population	Attack Rate per 100,000 Pop.
Beira	20,248	465,918	4.3
Búzi	18,828	207,631	9.0
Dondo	22,520	189,259	11.8
Nhamatanda	43,254	322,511	13.4
Total	104,850	1,185,319	38.7

3.1.1.3 Nutrition

A total of 67 health facilities in Beira, Búzi, Dondo and Nhamatanda reported from 15th April to 28th July and they carried out severe malnutrition screening of 6,651 children. Most of the health facilities that reported nutritional screening of children were located in the district of Beira. The total of cumulative cases was 95,022 of which 1,521 were reported as moderate acute malnutrition (MAM) and 659 reported as severe acute malnutrition (SAM) corresponding to 0.69 % of the screened children.

3.1.1.4 Pellagra (Vitamin B deficiency)

- Pellagra cases are now being notified into the EWARS for the province of Sofala, districts of Nhamatanda, Búzi and Dondo.
- Total of pellagra cases notified for Nhamatanda by Medicus del Mundo for the period 4th – 27th July is 261.
- Additionally, pellagra is now being reported into EWARS, from 9th July – 28th July, 197 cases were reported for Sofala.
- Up until the 28th July, a total of 458 cases of pellagra have been reported.
- National Institute for Health (INS) are still carrying out investigations of cases with support from partners.

3.2 CYCLONE KENNETH

3.2.1 Access to health services

- Access to health services is a challenge in the cyclone-affected areas as a number of health structures remain damaged and all mobile services are currently being provided through Provincial Health Directorate in Cabo Delgado, and provision of care in areas considered insecure is still challenging.
- 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

3.2.1.1 Cholera

An outbreak of cholera was confirmed in May 2019 in three Cabo Delgado districts. (Pemba, Mecúfi and Metuge). As of 28th July 2019, the total cases reported still stands at 284; marking no reported cholera cases for the last 40 days. Two rounds of OCV have been successfully completed through mass campaigns.

Table 2: Cholera attack and case fatality rate by district, Cabo Delgado (1st May – 28th July 2019)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

⁷ WHO 2nd Round of OCV for Idai, Sofala, 24th July 2019

⁸ Provincial Health Directorate in Cabo Delgado, National Institute of Health (INS), 28th July 2019

3.2.1.2 Malaria

Generally, malaria cases in affected areas in Cabo Delgado continue to increase with a total cumulative of 53,047 cases as of 28th July (Table 3).

Table 3: Cumulative malaria cases by districts on July 28th 2019⁹

District	Confirmed Cases	Population	Attack Rate per 100,000 Pop.
Pemba	12,751	200,529	6.3
Macomia	12,868	114,345	11.2
Metuge	12,929	86,866	14.8
Ibo	487	12,205	3.9
Quissanga	6,413	50,259	12.7
Mecúfi	7,599	40,433	18.7
Total	53,047	504,637	10.5

4. Public health response

4.1 CYCLONE IDAI

As the focus shifts to recovery activities, Provincial Health Directorates (DPS), INS and health partners are focusing on ensuring provision of basic health access to populations in the resettlement areas. An increase in malaria cases may not necessarily represent an outbreak, but could reflect increased population in health facility catchment areas or improved reporting post-cyclone.

4.1.1 Cholera vaccinations

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> The 2nd round of OCV from 15th – 19th of July has finished, reaching a coverage of 95% and 814,081 people vaccinated. Community based surveillance (CBS) training focusing on nutritional surveillance was carried out in resettlement sites in Nhamatanda and Dondo from 23rd – 26th July 30 and CSB-focal points were trained.
Surveillance & Laboratory	<ul style="list-style-type: none"> As of 28th July, there have been no reports of cholera cases for the last 54 days. Monitoring is still ongoing.

4.1.2 Malaria response

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none"> Provincial Health Directorate are coordinating weekly meetings with active participation of WHO and partners.
Surveillance	<ul style="list-style-type: none"> Malaria cases continue to be reported through EWARS from 4 priority districts and trends continue to show decline. 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 DPS. Challenges in the provision of drugs for treatment of pellagra are being addressed. Pellagra is now being reported into EWARS. The trend in pellagra cases reported into EWARS is decreasing.
Surveillance	<ul style="list-style-type: none"> DPS, INS and WHO are conducting investigations on pellagra cases. WHO continues to support INS and DPS with EWARS, reporting of daily pellagra cases. DPS, INS and WHO continue supporting Health Facilities to improve nutrition surveillance. Pellagra surveillance into EWARS has been extended to districts of Beira (Búzi, Dondo and Nhamatanda), with data now being reported from 66 sites.

⁹ Provincial Health Directorate in Cabo Delgado, [National Institute of Health \(INS\)](#), 28th July 2019

4.2 CYCLONE KENNETH

4.2.1 Cholera outbreak response

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none">Weekly coordination meetings with health partners continue, chaired by the Provincial Health Directorate
Surveillance & Laboratory	<ul style="list-style-type: none">As of 28th July, no suspect cases have been reported for the last 40 days.Surveillance activities continue in all districts; active cholera treatment centres are indicated to collect samples from all suspected cases for laboratory confirmation.

4.2.2 Malaria response

Thematic Area	Response Activities
Coordination	<ul style="list-style-type: none">WHO is supporting DPS with historical trends analysis and process improvements.
Surveillance	<ul style="list-style-type: none">Malaria cases have generally increased for the past 2 Epi weeks.Monitoring and analysis of historical data from sentinel sites for trends is ongoing.

5. Gaps and challenges

5.1 CYCLONE IDAI

- There are still challenges in the provision and availability of health services at resettlement sites.
- Pellagra treatment is still a challenge due to shortage of nicotinamide.
- Funding and implementation of rehabilitation still needs to be accelerated.

5.2 CYCLONE KENNETH

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

6. Recommendations and next steps

6.1 CYCLONE IDAI

- Continue ongoing cholera surveillance.
- Continue monitoring the trends in malaria cases.
- Ongoing monitoring and analysis of reported severe acute malnutrition cases and nutrition data from the EWARS.
- Support monitoring at resettlement areas for availability and delivery of basic health services.
- Support ongoing restoration efforts on health infrastructures damaged.
- Strengthen community based surveillance mechanisms in affected areas/districts.

6.2 CYCLONE KENNETH

- Continue ongoing cholera surveillance in high-risk areas.
- Continue monitoring historical trends in malaria cases.
- Restoration of the health infrastructure and of basic health services in affected areas need to continue to be supported.

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