MINISTRY OF HEALTH

DISEASE OUTBREAK SITUATION REPORT AS AT 8TH JUNE 2020-EPI WEEK 23

KEY HIGHLIGHTS

HIGHLIGHT 1: COVID-19 OUTBREAK

A cumulative total of **2989 confirmed** cases with **88 deaths** (**CFR 2.9 percent**) have been reported since March 2020. Of these, **873** cases have recovered.

A total of **100683** cumulative tests have so far been conducted.

HIGHLIGHT 2: CHOLERA OUTBREAK

Cholera outbreak has been reported in **five** counties; Garissa, Wajir, Turkana, Murang'a and Marsabit since the beginning of the year. Cumulative cases are **633** with **13 deaths** (**CFR 2.2 percent**) reported. Garissa, Wajir, Murang'a and Turkana outbreak is now controlled.

The outbreak is still active in Marsabit County. A total of **341** cases with **12 deaths** (**CFR 3.5 percent**) have been reported in Marsabit.

KEY HIGHLIGHTS

HIGHLIGHT 3: MEASLES OUTBREAK

An outbreak of measles is active in **5** Counties; West Pokot, Garissa, Wajir, Tana River and Kilifi. Total cases reported are **382**, confirmed **48** with **two deaths** (**CFR 0.5 percent**).

HIGHLIGHT 4: VISCERAL LEISHMANIASIS (KALA-AZAR) OUTBREAK

Since January 2020, a total of **48** visceral leishmaniasis confirmed cases with **four deaths** (**CFR 8.3 percent**), have been reported in **three** counties namely: Marsabit, Garissa and Kitui.

HIGHLIGHT 5: EBOLA VIRUS DISEASE

Ebola preparedness measures continue to be implemented by Kenya's Ministry of Health and stakeholders.
The outbreak in DRC was declared a Public Health Event of International Concern. As of 31st May 2020, a total of **3463** Ebola virus disease cases (3317 confirmed and 146 probable), including **2280 deaths**, **1171** survivors have been reported.

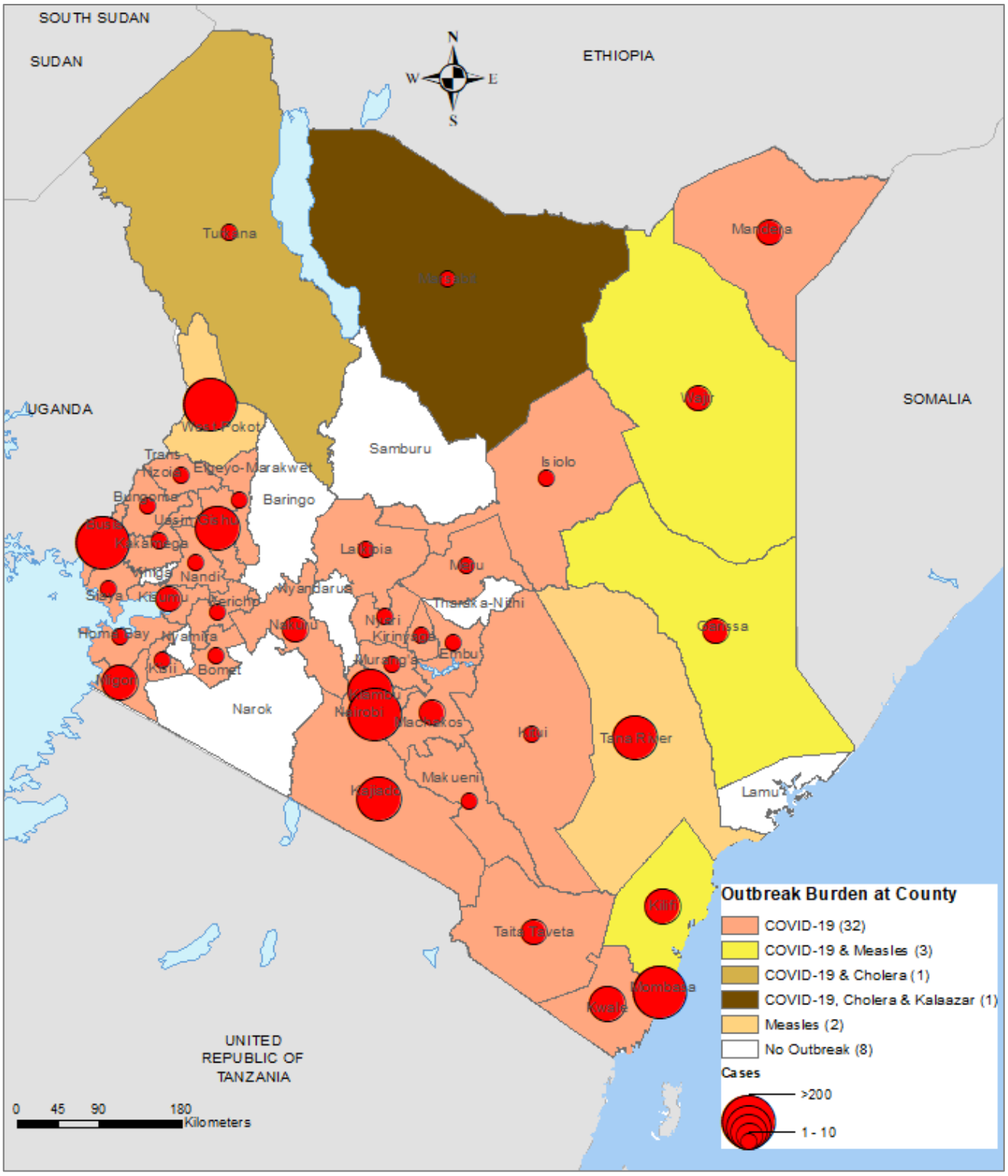

***Figure 1**: Map of Kenya showing Disease outbreak burden at the Counties*

1.0 COVID – 19

Total Cases	Male = **2021**	Deaths = **88**
2989	Female = **968**	

1.1 Situational Update

First case of COVID 19 in Kenya was confirmed on 13 March 2020. A total of **2,989 confirmed** cases have been line listed. Of these, 2521 cases (84 percent) were local transmissions and 468 (16 percent) are imported cases.

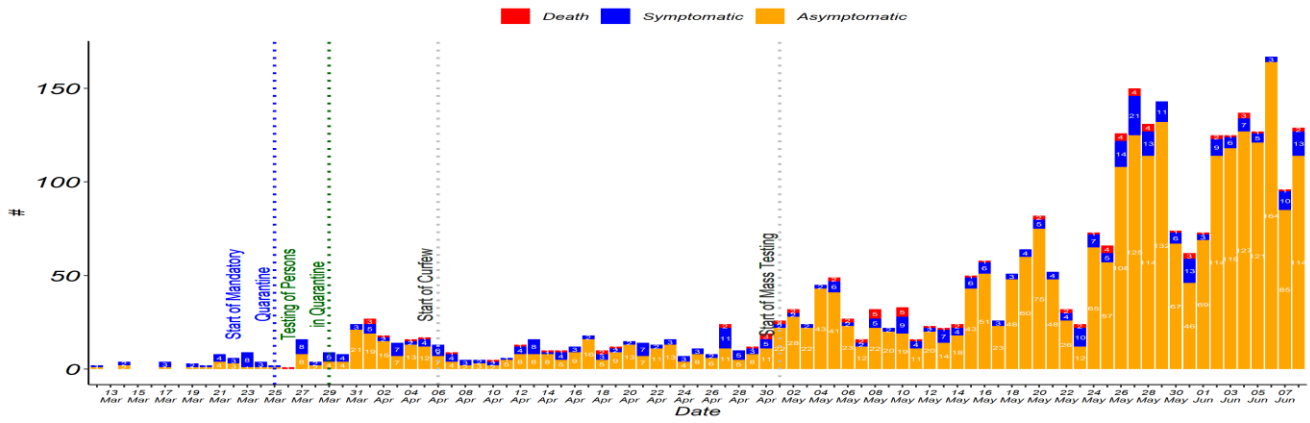

***Figure 2**: Trends of COVID 19 from March to June 2020, Kenya*

1.2 Distribution of Confirmed COVID-19 Cases by Presentation

Of the **2989** confirmed cases, 366 (12 percent) presented with symptoms (Figure 3).

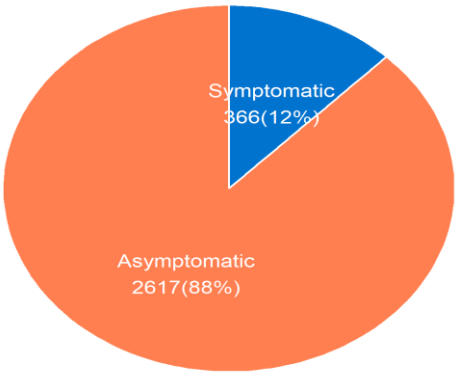

***Figure 3**: Distribution of Confirmed COVID-19 Cases by Presentation*

1.3 Age and Sex Distribution of COVID Confirmed Cases and Deaths

Two thousand and twenty-one (68 percent) are males and 968 (32 percent) are females. Most of the cases; 941 (32 percent), are in the age group of 30-39 years. Figure 4 below shows age and sex distribution of COVID-19 cases. Eighty-eight deaths have been reported so far, 65 (74 percent) being males and 23 (26 percent) were females (Figure 5).

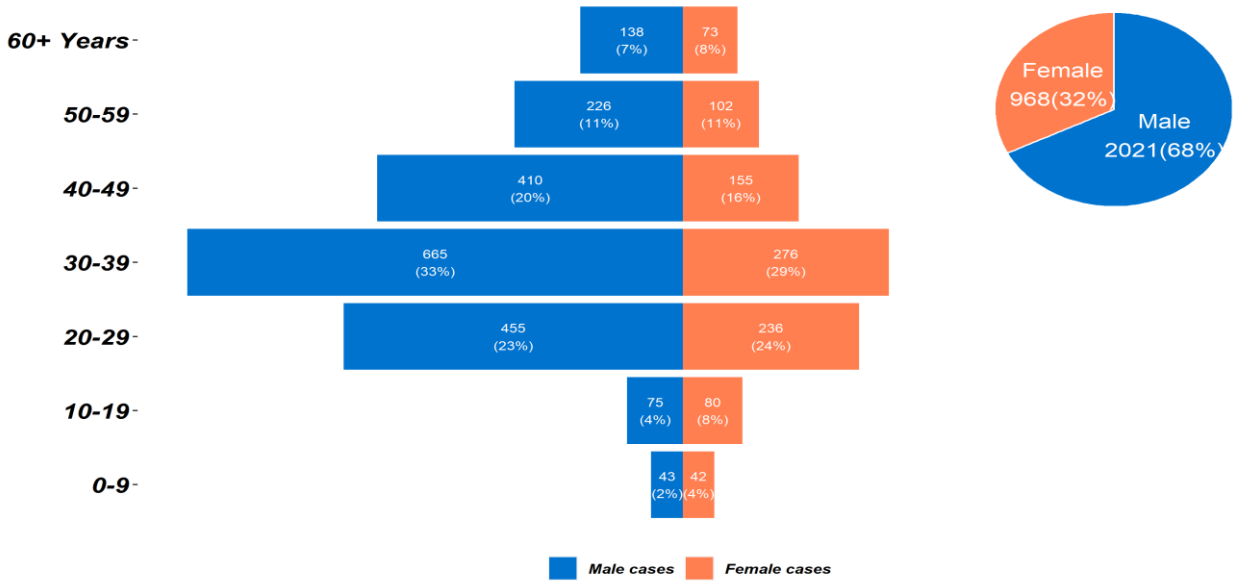

***Figure 4**: Age and Sex Distribution of COVID-19 Cases Kenya*

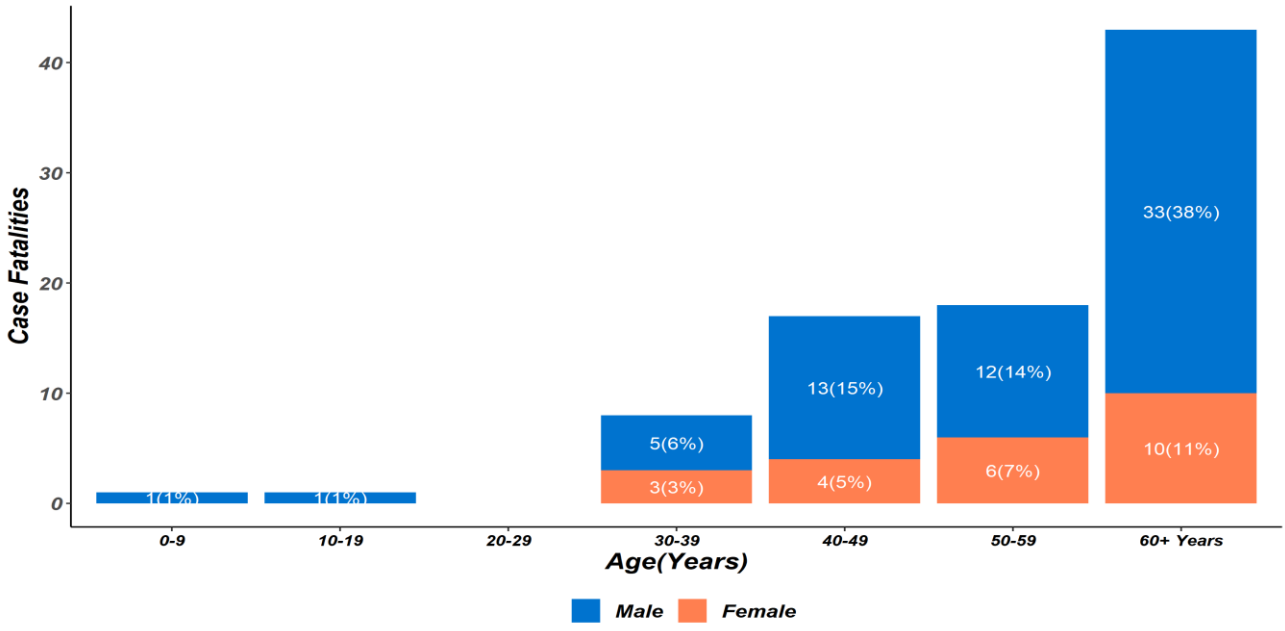

***Figure 5**: Distribution of Case Fatalities by Age and Sex*

1.4 Distribution of Confirmed COVID-19 Cases by County and Transmission Classification

Of the 2989 cases, 1345 (45 percent) are from Nairobi County followed by Mombasa County with 914 (31 percent) as shown in Figure 8. Mombasa County has the highest attack rate of 75.6 per 100,000 population followed by Nairobi City County at 30.6 per 100,000 population (Table 1).

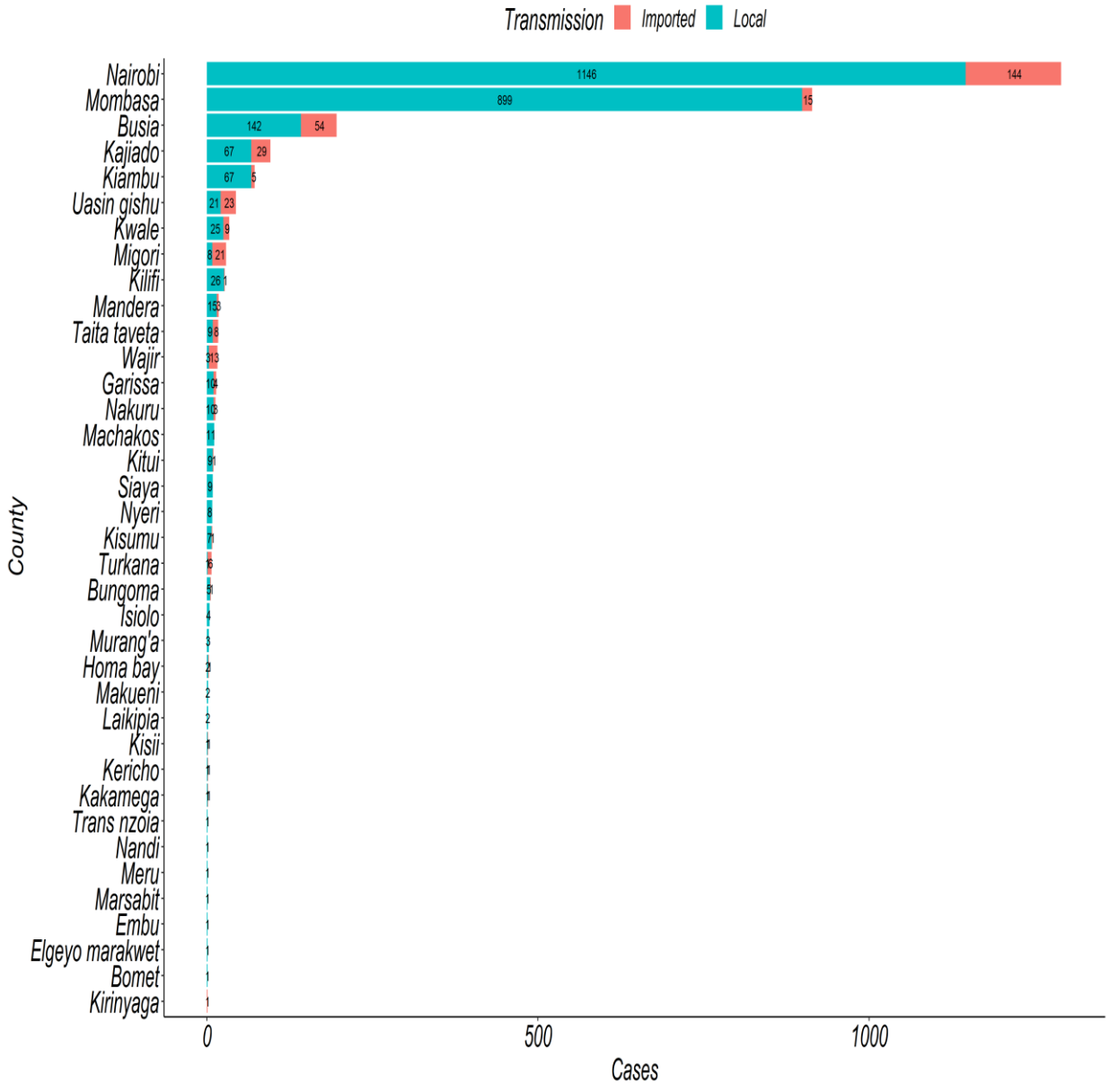

***Figure 6**: Distribution of confirmed COVID-19 Cases by County and transmission classification*

Table 1: County Attack Rate per 100,000 population

S/No	County	Population (2019 Census KNBS)	Cumulative Cases	Cases per 100,000 population
1	Mombasa	1,208,333	914	75.6
2	Nairobi City	4,397,073	1345	30.6
3	Busia	893,681	225	25.2
4	Kajiado	1,117,840	96	8.6
5	Taita/Taveta	340,671	17	5.0
6	Uasin Gishu	1,163,186	55	4.7
7	Kwale	866,820	35	4.0
8	Kiambu	2,417,735	86	3.6
9	Migori	1,116,436	30	2.7
10	Mandera	867,457	18	2.1
11	Wajir	781,263	16	2.0
12	Kilifi	1,453,787	27	1.9
13	Garissa	841,353	14	1.7
14	Isiolo	268,002	4	1.5
15	Nyeri	759,164	8	1.1
16	Machakos	1,421,932	14	1.0
17	Siaya	993,183	10	1.0
18	Kisumu	1,155,574	12	1.0
19	Kitui	1,136,187	10	0.9
20	Turkana	926,976	8	0.9
21	Nakuru	2,162,202	13	0.6
22	Laikipia	518,560	2	0.4
23	Bungoma	1,670,570	6	0.4
24	Homa Bay	1,131,950	4	0.4
25	Makueni	987,653	3	0.3
26	Murang'a	1,056,640	3	0.3
27	Marsabit	459,785	1	0.2
28	Embu	608,599	1	0.2
29	Kirinyaga	610,411	1	0.2
30	Elgeyo/Marakwet	454,480	1	0.2
31	Kericho	901,777	2	0.2
32	Kisii	1,266,860	2	0.2
33	Meru	1,545,714	1	0.1
34	Trans Nzoia	990,341	1	0.1
35	Nandi	885,711	1	0.1
36	Bomet	875,689	1	0.1
37	Kakamega	1,867,579	2	0.1
	Kenya	**47,564,300**	**2989**	**6.3**

1.5 Case Management and Infection Prevention & Control

The cumulative number of recoveries and discharges for COVID-19 in Kenya is eight hundred and seventy-three (873).

1.6 Surveillance, Laboratory and Points of Entry

A total of 100,683 cumulative tests have so far been conducted.

1.7 Risk Communication

- **Bulky messaging: Interactive voice response (IVR**) The Safaricom supported system is being utilised
- **Digital media:** The team were pushing key messages on: importance of social distancing, appreciation messages to our health care workers and importance of keeping safe by all patients having cancer
- **Main stream media:** Public awareness on COVID-19 is ongoing through Television, Radio and print media

1.8 Key Challenges

- Commodity insecurity (i) Personal Protective Equipment at the sub – national level, and (ii) Laboratory testing reagents for the testing laboratories.
- The long turnaround time for relying laboratory results to clients in Busia and Mombasa Counties.
- Sub – optimal operational support for the sub – county teams to investigate alerts, rapidly respond, list and follow up contacts.
- Sub – optimal bed capacity for isolation of cases.

1.9 Next Steps

- County Governments to increase isolation bed capacity in every county.
- Mobilization of support (operational and logistical) for the sub – national level response.
- Strengthening COVID-19 emergency supply chain logistics for both diagnostics and personal protective equipment.
- The WHO and MOH have advanced plans to build capacities for the counties that have newly been affected by COVID-19 as well as the managers of the quarantine facilities across the country.
- The MOH is rolling out the home and community-based isolation and quarantine protocols across the country to reduce excess loads on the current facilities.

2.0 CHOLERA OUTBREAK

Total Cases	Deaths
633	**13** (CFR 2.1%)

2.1 Situational Update

Since the 1st January 2020, cholera outbreak has been reported in five counties namely; Garissa, Wajir, Turkana, Murang'a and Marsabit. Cumulatively, a total of **633** cases with **13** deaths have been reported. The outbreak in Garissa, Wajir, Murang'a and Turkana is now controlled.

Transmission is active in Marsabit County with all cases reported coming from North Horr Sub County. A total of 5 cases have been reported in Marsabit County in the last one week.

Table 2: Summary of Affected Counties 2020

Serial No.	COUNTY	Total cases	Lab Confirmed	Probable cases	Total deaths	CFR) %	Date of onset	Date of last case	Cases reported in the last week	Deaths reported in the last week	Current admissions	Outbreak status
1	Garissa	48	0	48	0	0.0	1-Jan-20	25-Jan-20	0	0	0	Controlled
2	Wajir	4	0	4	0	0.0	4-Jan-20	11-Jan-20	0	0	0	Controlled
3	Turkana	232	8	224	1	0.4	1-Jan-20	23-May-20	0	0	0	Controlled
4	Muranga	8	3	5	0	0.0	15-Feb-20	26-Feb-20	0	0	0	Controlled
5	Marsabit	341	4	337	12	3.5	24-Apr-20	7-Jun-20	5	0	4	Active
Total		**633**	**15**	**618**	**13**	2.1			**5**	**0**	**4**	

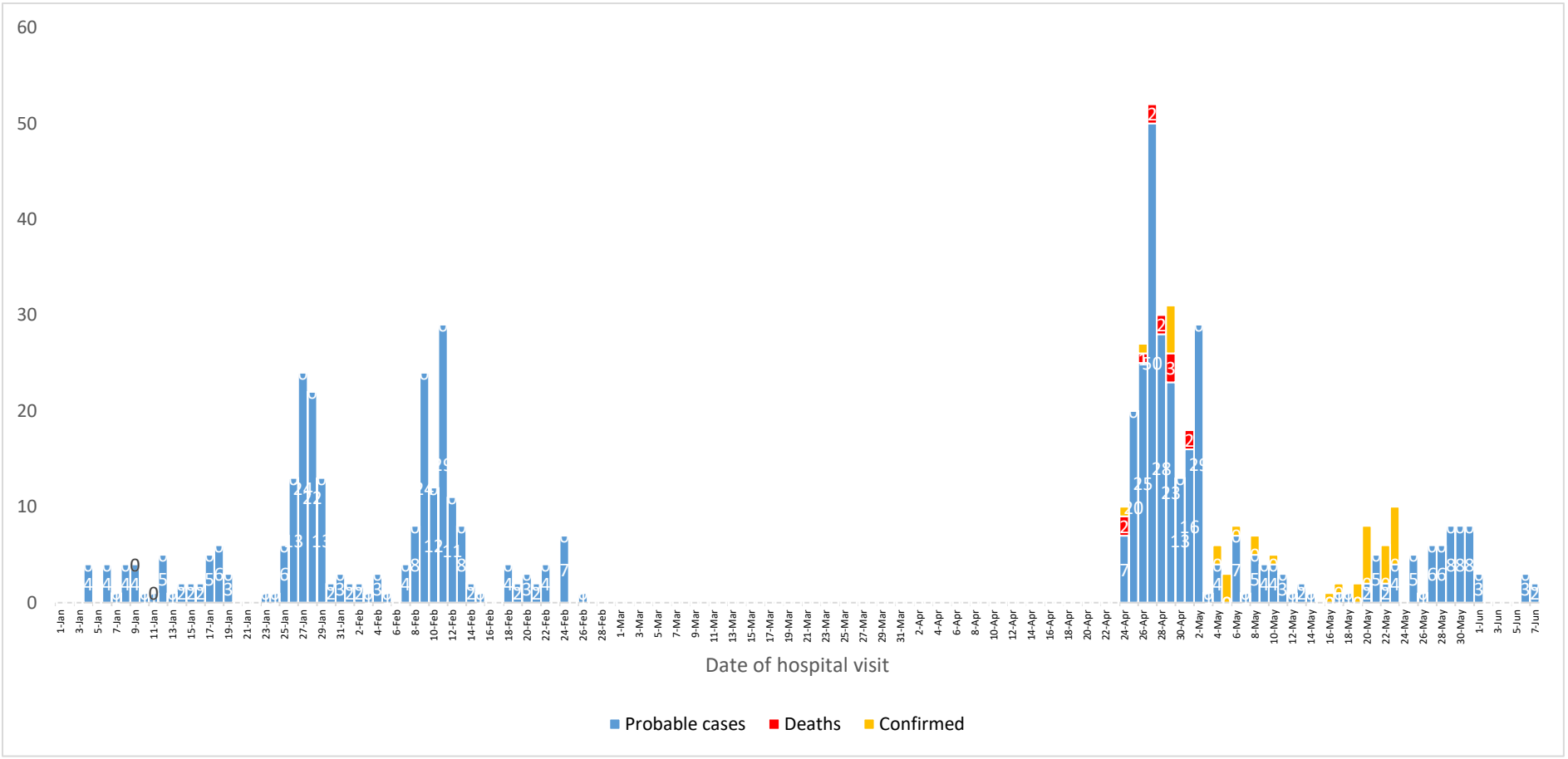

***Figure 7**: Epi Curve of Cholera Outbreak Kenya,2020*

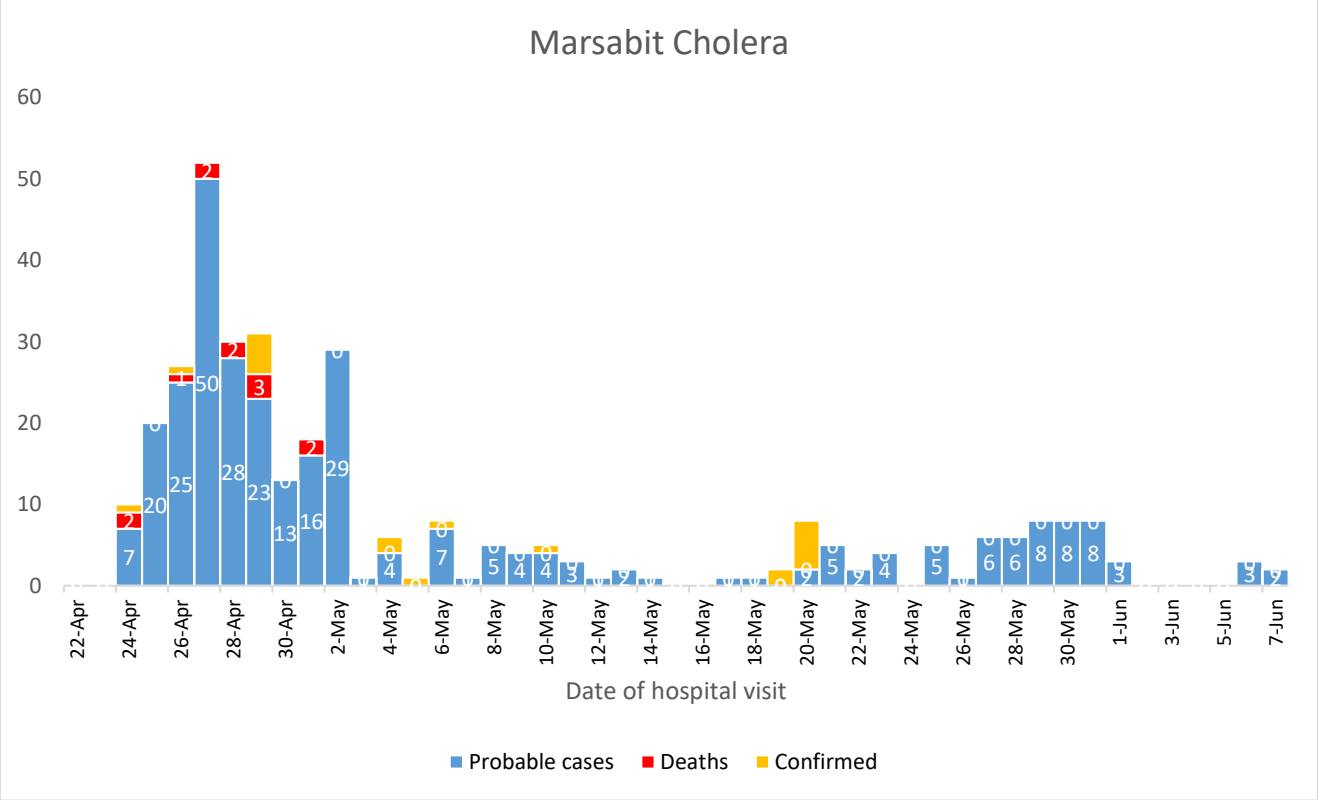

***Figure 8**: Epi Curve of Cholera Outbreak Marsabit from Apr-June 2020*

2.2 Age Distribution of Cholera Cases and Deaths

Most of the affected cases are below 10 years, very few are above 40 years of age as shown in Figure 9 below.

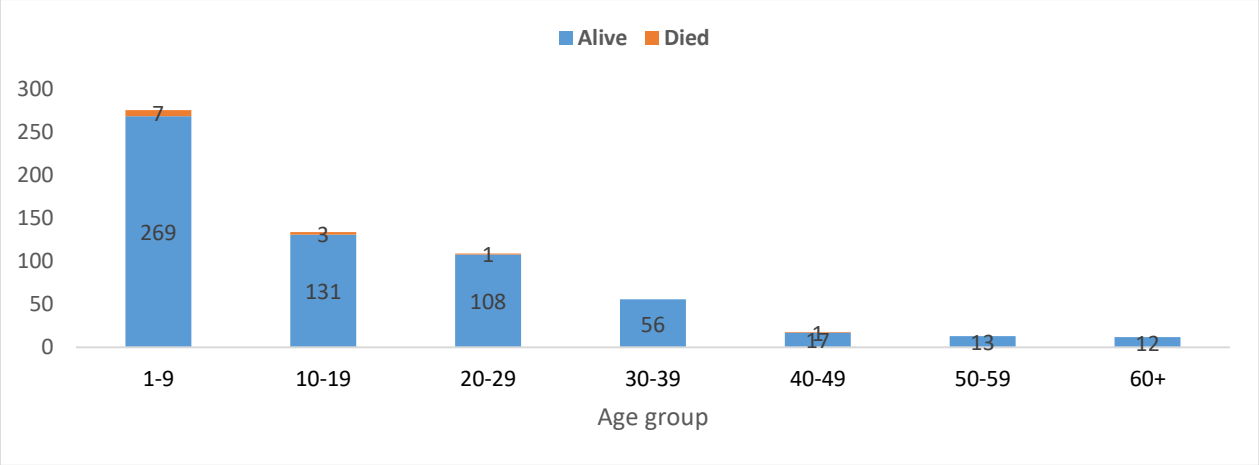

***Figure 9**: Age distribution of Cholera cases*

2.3 Interventions

- The national government in conjunction with implementing partners continue to support affected counties with cholera supplies (Cholera beds, water treatment chemicals, oral rehydration salts, antibiotics, intravenous fluids, water quality test kits, personal protective equipment and spray pumps).
- Cholera treatment centers have been operationalized in the affected areas to support timely treatment of cases and minimize further spread of the disease.
- County health promotion teams are conducting health education through; health talks; distribution of IEC materials and meetings with local hospitality business owners.
- County health departments are conducting contact tracing in households and workplaces, continuous line-listing of cases, and screening via rapid diagnostic test kits and providing chemoprophylaxis to the contacts to limit spread and curtail the outbreak. In addition, households with affected cases are being disinfected.
- Strengthening of water sanitation and hygiene activities including distribution of chlorine tablets for household water treatment.
- The National Public Health Laboratories (NPHL) continue to support case detection by supply of RDTs to counties and case confirmation by culture and sensitivity testing at national level.

2.4 Challenges

- Limited resources for surveillance and rapid response by county teams, and community engagement by county health departments.
- Inadequate multisectoral engagement, such as water, education and environment.
- Weak enforcement of public health laws.
- Poor health seeking behaviors of affected communities.
- Low latrine coverage with open defecation being practiced in some of the affected areas.

2.5 Recommendations

- The affected county health teams are advised to carry out the following measures:
- Carry out confirmatory culture tests as stipulated in the cholera control guidelines
- Sustain risk communication in affected communities.
- Heighten surveillance activities: contact tracing and prophylaxis of the contacts, active case search and water quality surveillance.
- Continue with household water treatment
- All other high-risk counties to be on high alert and put in place requisite preventive measures including water quality surveillance, hygiene promotion, enforcement of the relevant public health laws, advocacy and capacity building of all sectors in a multisectoral cholera control.
- Need for counties with persistent transmission at community level to develop investment plans to guide integrated response.

3.0 MEASLES OUTBREAK

Total Cases	Deaths
382	**2** (CFR 0.5%)

3.1 Situational Update

Since October 2019, a total of **281** cases with **9** positives for measles and **2** for rubella, with **one death** reported in Pokot North Sub County, West Pokot County. Date of onset of the index case was on 20th October 2019. The outbreak is ongoing.

The outbreak in Tana River County has affected two sub counties; Bura and Galole. A total of **56** cases, with **7** confirmed cases have been reported. The outbreak is still on. In Wajir County, the outbreak has affected Wajir East, while in Garissa **4** sub counties have been affected. Kilifi County outbreak is from Ganze sub county. *No new cases reported.*

Table 3: Summary of Measles Cases since Oct 2019-May 2020

Serial No	County	Sub County	Total cases	Lab Confirmed	Probable cases	Total deaths	CFR) %	Date of onset of 1st case	Date of onset of last case	Outbreak status
1	West Pokot	Pokot North	281	9	272	1	0.4	20-Oct-20	10-May-20	Active
		Galole	4	3	1	0	0.0	1-Feb-20	23-Feb-20	Active
2	Tana river	Bura	52	4	48	1	1.9	6-Feb-20	26-Apr-20	Active
3	Wajir	Wajir East	7	7	0	0	0.0	10-Apr-20	15-Apr-20	Active
		Dadaab	10	7	3	0	0.0	20-Feb-20	13-Mar-20	Active
		Fafi	6	4	2	0	0.0	24-Feb-20	1-Mar-20	Active
		Garissa	11	6	5	0	0.0	1-Feb-20	15-Mar-20	Active
4	Garissa	Lagdera	6	3	3	0	0.0	5-Mar-20	20-Mar-20	Active
5	Kilifi	Ganze	5	5	0	0	0.0	3-May-20	8-May-20	Active
Total			**382**	**48**	**334**	**2**	**0.5**			

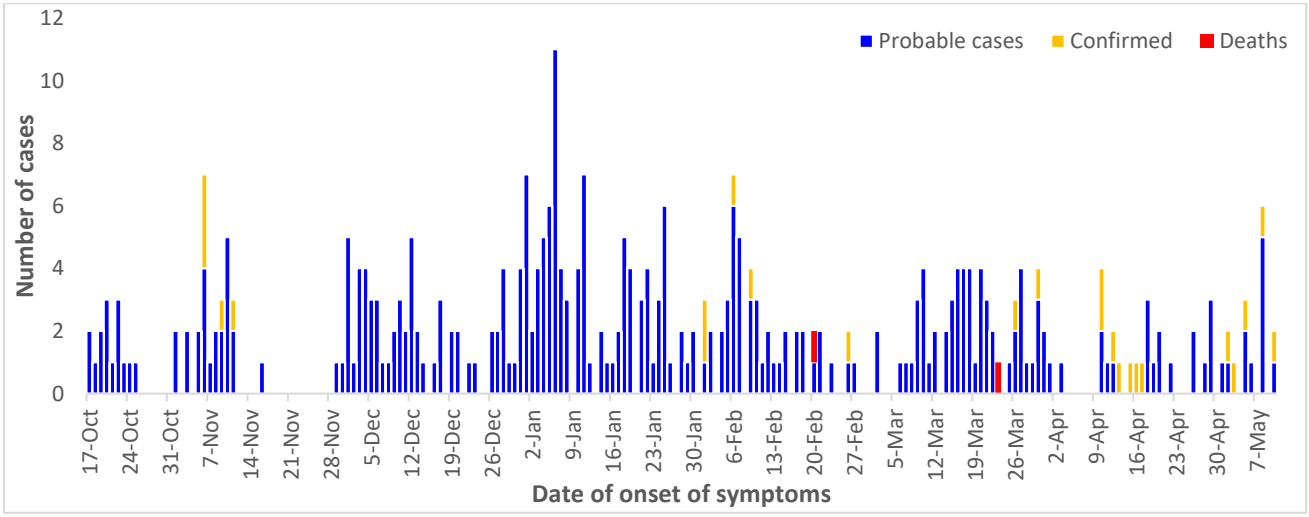

***Figure 10**: Epi curve of Measles outbreak Kenya, Oct 2019-May 2020*

Most of the affected cases are children under five years and majority are not vaccinated.

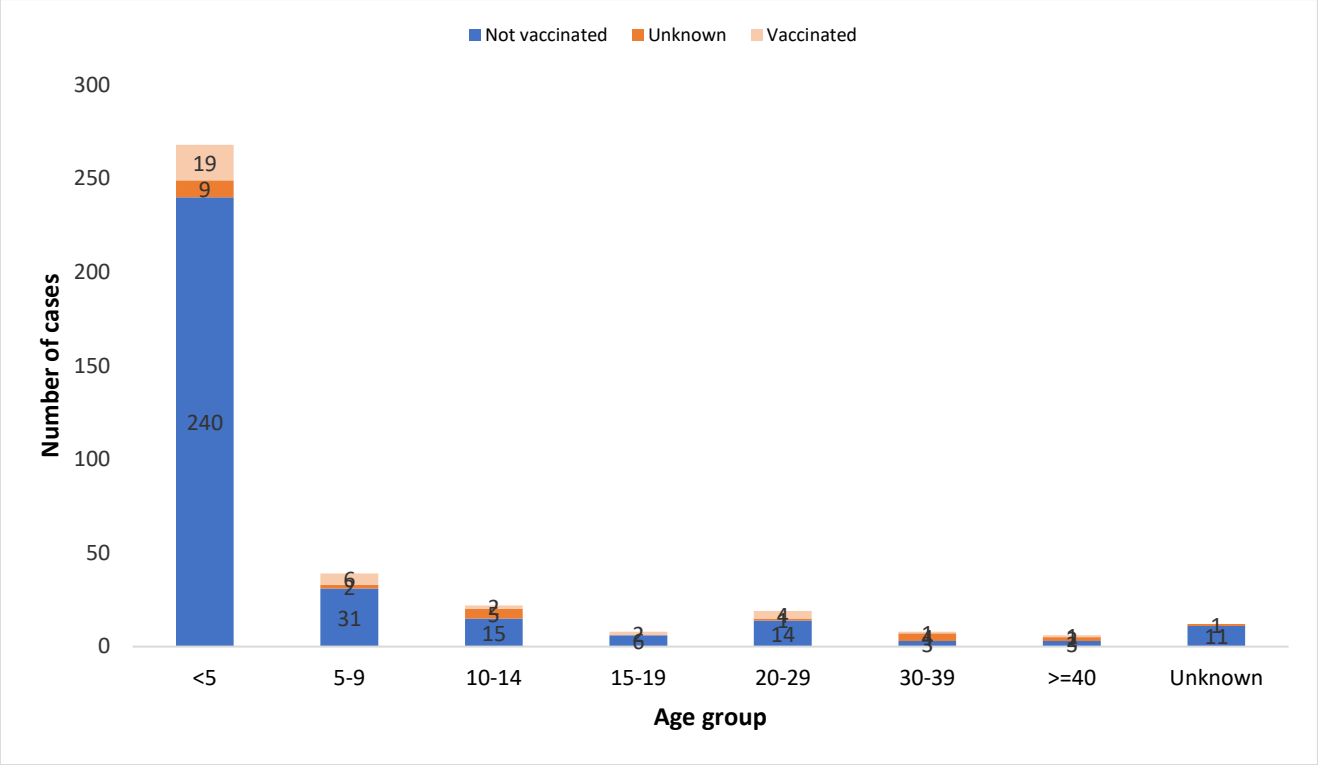

***Figure 11**: Vaccination status per age group in all affected Counties*

3.2 Interventions

- The County Health Departments in the affected Counties have undertaken the following interventions:
- Contact tracing of cases and case search in the community and from the affected health facilities
- Stocking of adequate doses of measles – rubella vaccines and vitamin A in the affected areas.
- Ensuring that cold chain equipment is maintained.
- Health education to the community through community leaders.
- Sensitization of health workers and distribution of guidelines on measles disease in the health facilities.
- Line listing of cases.
- Treatment of the cases.
- Improved outreaches visit to improve immunization coverage for the affected area.
- To intensify cross border surveillance with the neighboring country (Uganda)

4.0 VISCERAL LEISHMANIASIS

Total Confirmed Cases	Deaths
48	**4** (8.3%)

4.1 Situational Update

Since 1st January 2020, a total of **96** (suspected and confirmed) visceral leishmaniasis cases have been reported in Marsabit, Garissa and Kitui Counties.

Marsabit County has reported **89** suspected cases out of which 43 tested positives by RDT (rk39) with **4 deaths** (**CFR 9.3%**). Four sub counties in Marsabit have been affected (i) Laisamis 35 cases (suspected and confirmed), (ii) Moyale 37 cases (suspected and confirmed), (iii) Saku 6 cases (suspected and confirmed) and (iv) North Horr 11 cases (suspected and confirmed). Garissa County has reported 6 confirmed cases from Lagdera Sub County with no death. Kitui County has reported one case from Mwingi North Sub County with no death. *No new cases reported.*

Table 4: Summary of Kala-azar Cases since January 2020

Serial No.	COUNTY	Cummulative cases(suspected &confirmed)	Suspected cases	RDT positive	Total deaths	CFR) %	Date of onset	Date last case was seen	cases reported last week	deaths in the last week	Patients on treatment	Outbreak status
1	Marsabit	89	46	43	4	9.3	3-Jan-20	25-May-20	1	0	0	Active
2	Garissa	6	2	4	0	0.0	10-Jan-20	13-Apr-20	0	0	0	No new cases reported
3	Kitui	1	0	1	0	0.0	17-Jan-20	17-Jan-20	0	0	0	No new cases reported
Total		**96**	**48**	**48**	**4**	8.3			1	0	0	

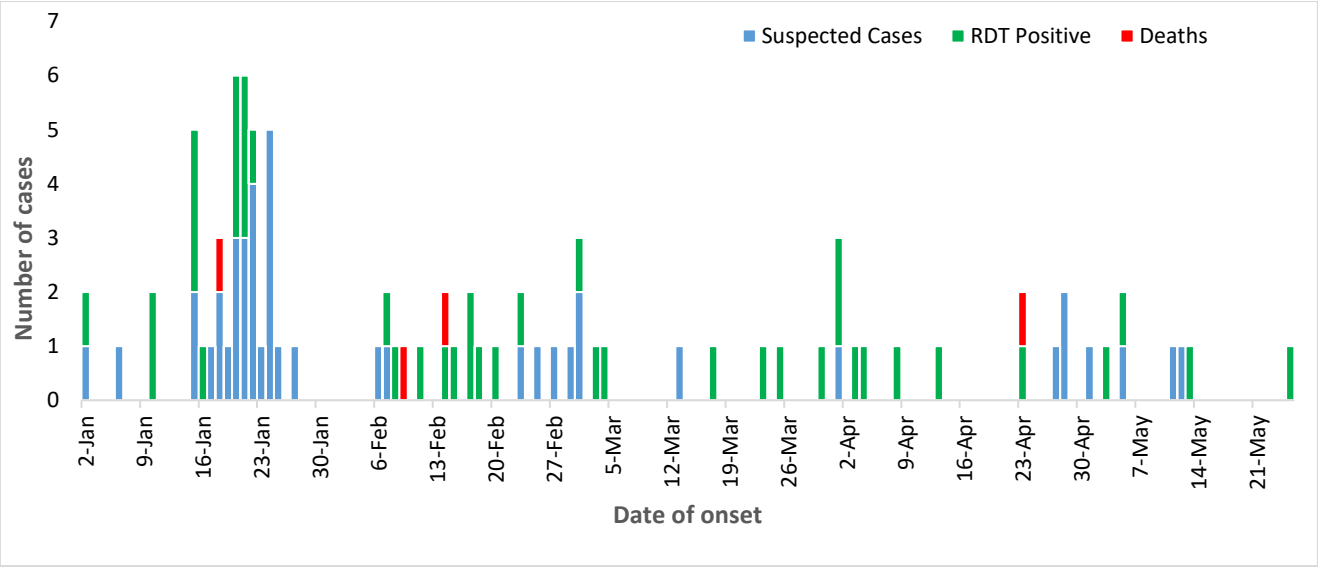

***Figure 12**: Epi curve of Kalaazar outbreak Marsabit County January-May 2020*

4.2 Interventions

- A team from the Ministry of Health supported both Marsabit and Wajir Counties to carry out field investigations.
- The national government has provided technical guidelines and fact sheets.
- The county health departments are undertaking:
- Enhanced surveillance activities.
- Detection, confirmation and managing of cases.
- Community awareness and sensitization.

4.3 Challenges

- Stock out of visceral leishmaniasis commodities especially rapid test kits.
- Lack of vector control chemicals.
- IEC material also lacking including standard guideline.
- Limited drugs for proper treatment.
- Inadequate knowledge for healthcare workers
- Lack of guidelines and protocol for proper case management
- Lack of community awareness and knowledge about the diseases and preventive measures.

5.0 EBOLA VIRUS DISEASE IN DRC

5.1 Situational Update

The Ebola virus disease (EVD) outbreak in the Democratic Republic of the Congo was declared on 1st August 2018. The World Health Organization declared that it constitutes a Public Health Event of International Concern (PHEIC). As of 31st May 2020, a total of **3,463** Ebola virus disease cases (**3,317 confirmed** and **146 probable**), including **2,280** deaths (CFR 66 percent), **1,171** cases have recovered from EVD**.**

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