



Cholera Outbreak Report

30 September 2009 - 23 November 2009

Nyarugusu

Tanzania

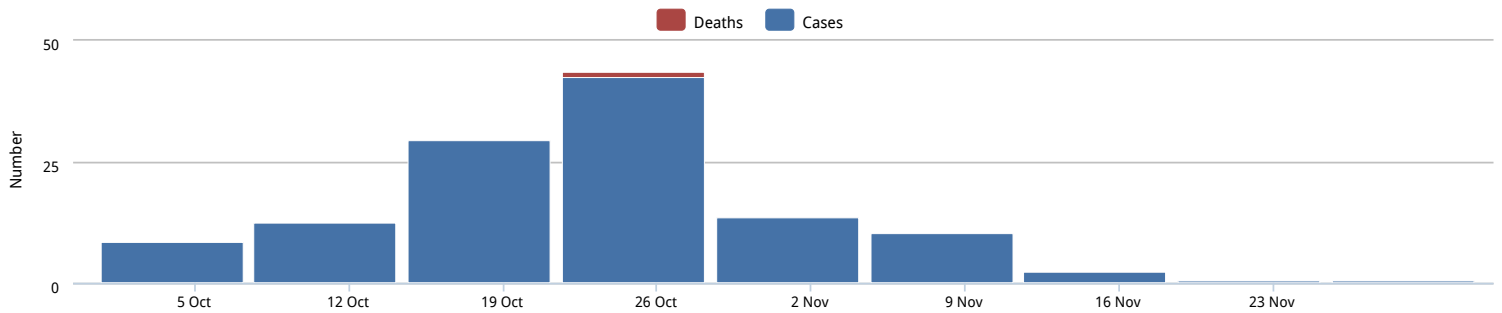


Outbreak details

Status: **Closed**

Reported by		Key indicators	
Name:	Sunday Rwebangila	Cumulative total cases:	116
Title:	Public health officer	Cumulative total deaths:	1
Organisation:	UNHCR	Total population:	-
Start date:	30 September 2009	Attack rate:	-
Closed By:	Sunday Rwebangila	Case fatality rate (CFR):	1%
End date:	23 November 2009	Laboratory confirmed:	Yes

Epidemic curve



Summary statistics

Epidemic Week

	40	41	42	43	44	45	46	47	48	Total
New cases	8	12	29	42	13	10	2	0	0	116
Cum cases	8	20	49	91	104	114	116	116	116	116
New deaths	0	0	0	1	0	0	0	0	0	1
Cum deaths	0	0	0	1	1	1	1	1	1	1
CFR(%)	0%	0%	0%	1%	1%	1%	1%	1%	1%	1%

Narrative report

Brief description of person, place and time

the stool samples were collected and transferred to Kigoma regional hospital where the confirmatory test was done to confirm cholera however sub typing was not done due to lack of reagents at the hospital laboratory.

The index cases of the cholera outbreak in Nyarugusu were detected on 30th September 2009 with 4 samples out of 6 admitted cases of acute watery diarrhea being confirmed to be positive for Cholera on laboratory testing. Following this, the surveillance system on diarrhoea cases in the camp was strengthened with all cases of acute profuse watery diarrhoea being captured as the suspected cases of cholera and therefore being given on time treatment while waiting for the laboratory results. Out of 116 suspected cases, only 43 cases have been confirmed to have cholera during the outbreak. One home death, of a 60 years old lady was registered during the outbreak; she died before seeking medical attention. From the history of her illness and the samples collected for laboratory testing, cholera was revealed to be the cause of her death.

Evaluation

The outbreak occurred soon after completion of the relocation exercise of the refugees from the former Lugufu camp to Nyarugusu camp. It is worthy to note that among the first cases detected, there were neither new arrivals from Lugufu nor was there any one from the newly demarcated areas in the camp. Therefore, no link has been established between new arrival refugees and the cholera outbreak resulting from the relocation activities as some of the cases detected did not have any interaction with the new arrivals and only some had casual visits to the neighboring Tanzanian villages around before falling ill.

Recommendations

Regular sharing of the information and coordination with other stakeholders is to be maintained including reactivation of the Outbreak Control & Emergency Response Team which will be meeting regularly. Strengthen the communicable disease surveillance with prompt early diagnosis and treatment of both suspected and confirmed cases. Refresher training of the health workers on case definitions and case management. Ensuring provision of adequate safe water supply in the camp by increasing water supply to the zones with the new arrivals from Lugufu and the whole camp in general. Maintain community health education on Cholera prevention, early case detection and early seeking of medical help is on going at the camp through meetings, hygiene/sanitation promotion activities etc. Health Information Teams (HITs) to be involved in active case finding in the community during their community work. Regular review of the stockpile of drugs and medical supplies to be continued so as to ensure that the stocks are adequate. More additional temporary isolation ward structures were identified (in case the numbers of the cases were to increase) and additional cholera beds (20) were mobilized and made available. Additional sample collecting tools were made available and samples were collected from all the suspected cases. The available IEC materials were disseminated in the camp, and more were received from UNICEF. The general soap distribution was increased to twice a month for hygiene promotion at households' level and in public places. Construction of both communal latrines and family latrines in the zones with new comers from Lugufu was expedited by provision of more tools for latrine construction.

Outbreak response:

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