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Cholera outbreaks in west Africa kill more than 700

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A wave of cholera in West Africa that has affected more than 45 000 people and killed more than 700 has prompted the World Health Organization to issue urgent advice to its member countries.

Countries that have been badly hit should improve their surveillance systems and ensure they have adequate stocks of oral rehydration salts and intravenous fluids for treatment, WHO officials said last week.

“We’re very much concerned that the current cholera outbreak is still ongoing, with Mauritania, Senegal, and Guinea-Bissau the most affected countries,” Claire-Lise Chaignat, WHO’s coordinator for the global task force on cholera control, told a press conference last week.

In Senegal a resurgence of the cholera outbreak, which started earlier this year, resulted in 1212 new cases and 24 deaths in the week to 25 September, Dr Chaignat said, whereas only 709 new cases had been reported in the first week of September.

“So we see there is a clear trend of increasing cholera cases occurring in Senegal,” she said. Dakar, the capital, was the most affected city, with 90% of the new cases, she added. The increase has been linked to recent heavy rains and floods, which are conducive to the spread of cholera.

To date Senegal has reported a total of 24 111 cases, including 320 deaths, since the outbreak began in January, Dr Chaignat said. But Senegal’s good surveillance system and open and transparent response had helped keep the death rate low, at 1.3%, she said. “The population gets access to proper health care and proper information.”

This had not been the case, however, in some other affected countries. In Niger the death rate from the outbreak has been high at around 10%: 44 deaths out of 431 cases reported between 13 July and 19 September.

Asked the reason for the high mortality there, Dr Chaignat said that patients “arrived too late” at health facilities, and some areas lacked proper health facilities.

Dr Chaignat said some countries had done a lot to combat the epidemic but stressed that more preparation was needed, such as ensuring adequate stocks of oral rehydration salts and intravenous fluids to treat the patients rapidly.

But it was equally important, Dr Chaignat said, to have a good surveillance system in place, so the first cases can be rapidly reported and steps can be taken to discover the source of contamination and deal with it.

Good environmental management to ensure that drinking water was safe was also important, she noted.