

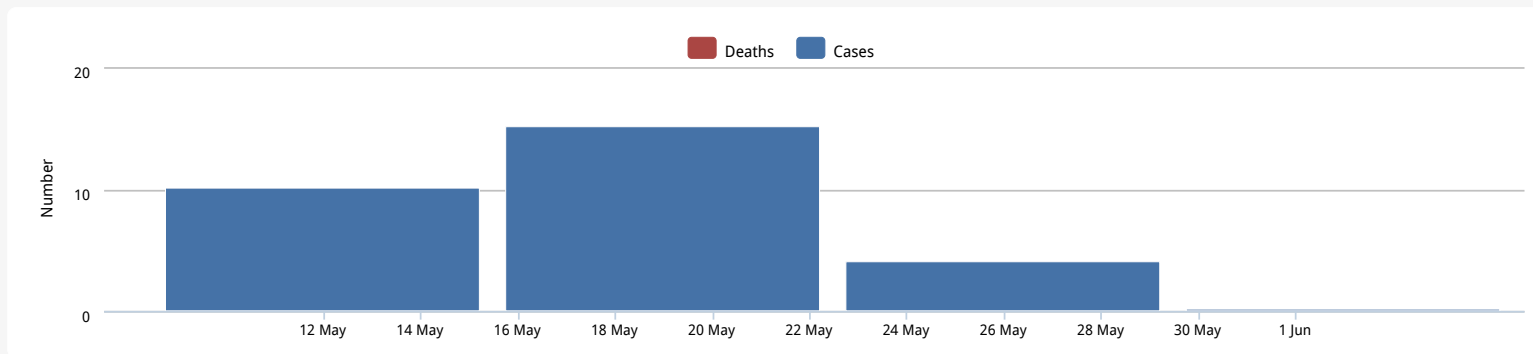


Outbreak details

Status: **Closed**

Reported by		Key indicators	
Name:	Dr Zézé BEAVOGUI	Cumulative total cases:	29
Title:	Public Health and Nutrition Associate	Cumulative total deaths:	0
Organisation:	UNHCR	Total population:	8,819
Start date:	6 May 2013	Attack rate:	0%
Closed By:	Dr Zézé BEAVOGUI	Case fatality rate (CFR):	0%
End date:	31 May 2013	Laboratory confirmed:	Yes

Epidemic curve



Summary statistics

	Epidemic Day				Total
	19	20	21	22	
New cases	10	15	4	0	29
Cum cases	10	25	29	29	29
New deaths	0	0	0	0	0
Cum deaths	0	0	0	0	0
CFR(%)	0%	0%	0%	0%	0%

Narrative report

Brief description of person, place and time

Stool samples were taken to a qualified laboratory in Niamey and the diagnostic has been confirmed. *Vibrio cholerae* 01 classical is the cause. Since then diagnostic is made based on clinical findings.

The week before the onset of the outbreak, staff in both Camp and Ayorou health facilities noticed the increase of gastroenteritis cases among patients (declared the MD of the Camp health post). The outbreak started Monday May 6, with 5 cases all coming from Ayorou village 5 km from the Tabareybarey camp. It's had been difficult to identify which patient is the index case. The refugee population in Tabareybarey camp got involved Tuesday May 7, with 6 cases. All the patient recorded the first two days of the outbreak confirmed to have been in the Ayorou market on Sunday, May 05 (market day). It's also important to know that Ayorou is on the edge of the Niger river and potable water supply has always been a problem, making people use the water taken straight from the river for their needs. During the first five days, 83 patients were recorded at the CTC held by MSFCH and the MoH. Among them 11% were refugees. The rest, 89% were locals from Ayorou village. Three deaths were recorded among the local community. The MD of the village health facility declared to have received calls from surrounding villages, announcing cases.

Evaluation

The high speed of spread of the disease among the local community is obvious. Unfortunately no preventive measure was taken in the village after five days, patient were brought to the CTC by their relatives without any protective measure for themselves. Potable water supply is not insured for the local population. These different facts mean it will not be surprising that the number of patient increases. [31.05.2013] The number of admission has dropped significantly this week in both refugee and hosting communities. But this doesn't mean the epidemic is over. We still continue implementing new measures as the raining season is just starting.

Recommendations

- 1) All partners in the camp to put emphasize on sensitization of refugee on how one can protect oneself from cholera, the does and donts if a relative has diarrhoea or vomiting.
- 2) All partners to contribute in hygiene promotion within the camp.
- 3) Oxfam to increase potable water supply, adapt the chlorine level and improve hygiene in every area of the camp: wet feeding centers, schools, latrines, general food distribution centers, water points, etc.
- 4) UNHCR to put a patient transportation system in place, dedicated specially to cholera patient.
- 5) MoH and UNICEF and WHO to support local authorities with Doctors, Nurses and CHW, Cholera treatment kit, and improve potable water supply in Ayorou and surrounding villages.
- 6) MSFCH and MoH to strengthen and decentralise the case management setup by putting Cholera Treatment Units (CTU) and oral rehydration units in place within the village of ayorou and surrounding villages.

Outbreak response:

Epidemic week 19

Partners in the field (Plan Niger, Oxfam, ASA, MSFCH) organized a sensitization team of 24 staff. They are sensitizing the refugees to how to prevent cholera. They had a meeting to inform refugee leaders about the outbreak and ask these leaders to help spread the message about the outbreak and how to prevent the disease. MSFCH and MoH are managing cases in a Cholera Treatment Center built by MSFCH between the village of Ayorou and the refugee camp

Sensitization continues. Oxfam increased the level of chlorine in the potable as well as the quantity of water itself. UNHCR also supports the MSFCH with rolls of plastic sheeting to build the CTC

Visit of UNHCR Health Associate in the area to support the field office

Case management, all the actions undertaken will last as long as the outbreak

Case management + water supply + sensitization + disinfection of patients' houses continue

Case management + water supply + sensitization + sensitization

Epidemic week 20

Case management and prevention. Plan Niger started sensitizing the local community in Ayorou and disinfecting houses where cases came from.

Case management and prevention

Case management and prevention

Case management and prevention

Field visit by Dr Zézé to see whether measures announced are in place or not. Case management and prevention

Case management and usual prevention activities. Mass sensitization in Ayorou town during the market day.