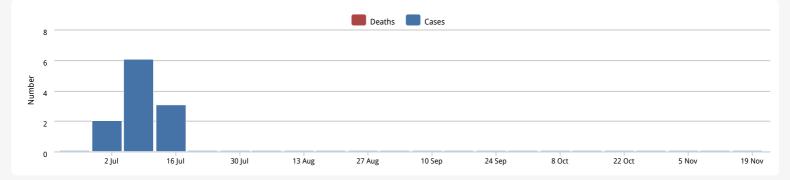


#### **Outbreak details** Status: Closed Reported by Key indicators Name: Josiane Bizimana& Zézé BEAVOGUI Cumulative total cases: 11 Title: **Public Health Coordinator** Cumulative total deaths: 0 UNHCR Organisation: Total population: 9,189 Start date: 24 June 2012 Attack rate: 0% Closed By: Josiane Bizimana & Dr Zézé Case fatality rate (CFR): 0% End date: 12 December 2012 Laboratory confirmed: Yes

## Epidemic curve



				S	umma	ary sta	tistics															
	Epidemic Week																					
	25 - 26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	Total
New cases	2	6	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	11
Cum cases	2	8	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11	11
New deaths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	0
Cum deaths	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CFR(%)	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%

# Narrative report

### Brief description of person, place and time

### Cholera

The region of Tillaberi is endemic for cholera. The first cholera cases for 2012 were registered in January. From January to July 3rd, 2452 cases were registered in the Tillaberi region. The outbreak was confirmed in June. Between the week of June 15 and June 24, the average weekly number of cases jumped from 6 to 96 cases. In the Tillaberi region, the refugee camps are in the health districts of Felinge, Tillaberi and Ouallam. The camp that has registered cholera cases is the camp of Tiberaberi which is located in the health district of Tillaberi and the prefecture of Ayourou. The first case of cholera in a refugee camp was at the beginning of week 26, it was a 9 year old who had been at the camp for only a week. The patient's family had resided with a host family in Yassan where access to clean potable water is not assured. All the cholera patients from week 26 and week 27th were using the water from the river for consumption. During week 28, one of the cases was a readmission from week 27. During week 29, sensibilization activities were itensified at the camp level and the WASH situation was improved. New latrines were put in place by MSF and the quantity and quality of water was improved.

#### **Evaluation**

During the week of July 1st, a WASH evaluation was completed at the camp in Tibaraberi. The evaluation demonstrated that the latrines are full and a source of contamination. At the camp, there is an issue in regards to quantity of potable water available. Aome of the refugees have utilized the water from the river to meet their needs. On June 20 and 22nd, a conjoint WASH mission took part, the mission demonstrated a need for improved water and sanitation activities especially sensibilization. [September 23] Even though no case has been recorded in the refugee camp for 2 months, the end of the outbreak can not yet be declared because cases are still recorded from the host population in the Tillabery Region. (December 12) Three (3) week have past since the last case was noticed in the Tillabery region.

## Recommendations

A need for community based activities at the camp. The objective is to recruit health briggadiers among the refuggee population and to work with them for sensibilization activities, Now the epidemic is over (December 12.2012), the challenge is to keep refugees aware of the risk of diarrhoearal disease all over the year and continue using preventional hygienic mesures they have learned during the past outbreak

Outbreak response:



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Contact

Information