Cholera Outbreak Report

13 May 2013 - 14 May 2013

Mangaizé

Niger

Outbreak details

Status: Closed

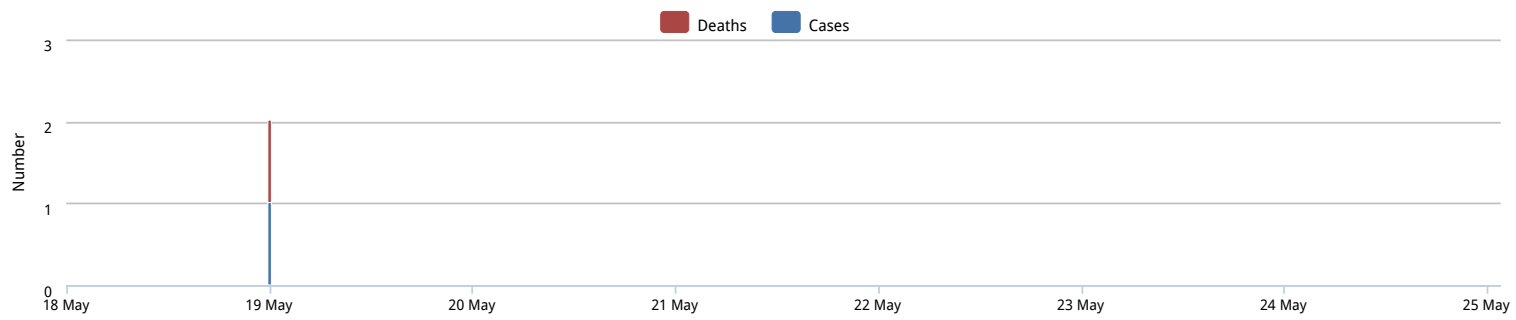
Reported by

Name:	Dr Zézé BEAVOGUI
Title:	Public Health and Nutrition Associate
Organisation:	UNHCR
Start date:	13 May 2013
Closed By:	Dr Zézé BEAVOGUI
End date:	14 May 2013

Key indicators

Cumulative total cases:	1
Cumulative total deaths:	1
Total population:	8,004
Attack rate:	0%
Case fatality rate (CFR):	100%
Laboratory confirmed:	Yes

Epidemic curve



Summary statistics

	Epidemic Day 1	Epidemic Day 2	Total
New cases	1	0	**1**
Cum cases	1	1	**1**
New deaths	1	0	**1**
Cum deaths	1	1	**1**
CFR(%)	100%	100%	**100%**

Narrative report

Brief description of person, place and time

Stool samples were taken from the first cases for analysis, first with rapid test and then for confirmation at the National Laboratory. The Vibrio Cholerae serotype Ogawa was identified. Since then the diagnosiso in based only on clinical findings according the case definition adopted by the Ministry of health.

The index case in the camp was a man of 45 y.o. who had severe acute diarrhoea with vomiting in the day of 13.05.2013. He was taken to the health center of the village were he died during first care delivery. The investigation done by the doctor of the health center revealed that the late drunk the water of a traditional well that is believed to have therapeutic virtue. The well is located 6 km away from the camp where met before people from different origins including Ayorou the starting point of the 2013 epidemic in the region. It's important to mention that this patient was not the very first case. Four other individuals of the local community also related to the same well previously developed the disease and were admitted in the same he health centre. The doctor publicly advised that anyone who consumed water of the blamed well should go to the health center and receive preventive treatment (oral doxicycline). Unfortunately and for unknown reasons the 45 y.o refugee did not attend the health center. The well has been treated and closed but the disease continues spreading among both refugees and the local community. As of May 30, 21 patient has been recorded at the CTU among whom 3 died in the first week.

Evaluation

The outbreak looks like cooling down after almost 3 weeks. We recorded 2 deaths of refugee in the community over 9 patients which is a high case fatality rate of 22%. Even though the we did not have any new patient few days ago, we still continue implementing new preventive and case management measures. It was not possible for the Public Health coordination team in Niamey to visit this camp for security reasons. This makes the monitoring of the response very difficult and may lead to insufficient or unadapted riposte. Unfortunately we just take for granted what IPs report to us.

Recommendations

In waiting for a field visit we recommend that: 1) Latrines be maintained clean and disinfected with chlorine solution everyday (Oxfam). 2) Hand washing points be placed before latrines, class rooms, at the entrance of the camp, entrance of wet feeding centres, etc. 3) Sensitization to cholera prevention and to the use of sanitation facilities and the active case finding continue but be improved. (Camp management and Oxfam). 4) Case management continues without any drug or staff shortage (MSFCH)

Outbreak response:

Epidemic day 1

The health center of Mangaizé confirmed the case based on clinical findings and started investigation the origin.

Epidemic day 2

Partners in the field (Islamic Relief Worldwide, Oxfam, MSFCH, ASA) and UNHCR held an extraordinary coordination meeting to inform their staff and organise them in 4 teams to start sensitizing refugees in camp.

Contact Information

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