

Jajarkot Outbreak Situation Report 18 July 2009

This report has been prepared by WHO based on information collected from the District Public Health Office (DPHO), Jajarkot and partners on the ground.

Situation

- According to data available, between 15 May and 17 July 2009, 1,368 cases which gives an average AR of 4.4% with 121 deaths in Jajarkot district (CFR 8.5%). However, this number is not indicative of the overall situation. The number of cases is those reported only from 9 VDCs (out of 30 VDCs in Jarjakot district), which reported only 26 deaths out of the 121 giving a Case Fatality Rate (CFR): of 1.7%. For 14 other VDCs that have reported deaths, there is no information on the number of cases. As such, it is unrealistic to calculate a representative CFR for the whole district based on the overall numbers. Any attempt will produce biased information.
- Nonetheless, Khortang and Majarkot VDCs have reported high number of deaths in the last two months, which shows an indication of an abnormal situation which needs urgent confirmation.
- Health and Water, Sanitation and Hygiene (WASH) activities are also being activated in Jajarkot to contain the outbreak.

Response

Coordination

- A coordination meeting was held headed by the Chief District Officer (CDO) on 15 July 2009. All agencies working in health, WASH and logistics response of the outbreak participated. The cluster decided on the following:
 - Logistics and human resources will be tracked in order to understand the current situation on the ground
 - Information management will be streamlined through the distribution of 1 CDMA phone to each VDC.
 - A logistician will be placed in Chaurjahari to coordinate the supplies incoming.
- The DWSSDO will be leading the response in terms of water and sanitation activities. A meeting was held with DWSSDO, UNICEF, NRCS, DEPROS and DPHO to discuss the response necessary for water and sanitation. It was agreed to mobilize the NRCS volunteers to raise awareness on sanitation and hygiene matters.
- As of 18 July, the CDO mobilized the police network to support the health workers to transmit surveillance data to the district headquarter.
- A MoHP personnel, Mr PB Chand, has been deployed to Jajarkot to coordinate the overall response. He will be stationed in Jajarkot until the outbreak is contained.
- A WHO consultant has been identified to be stationed in Jajarkot to support the overall coordination of the response including information management.

Health

- Health teams composed of 4 health workers have been deployed to 20VDCs (23 locations) as of 17 July 2009. The VDCs include: Bhagawati (2), Bhur,

Dasera, Dhime, Garkhakot, Jungathapachaur, Karkigaun, Khagenakot, Kortang, Majkot, Paik, Punma, Ramidanda (2), Sakla Thala, Daha, Karigaoun, Sima, and Khalanga (2)

- WHO has mobilized Rapid Response Team (RRT) deployment kits for all 34 health institutions (in 30 districts) in Jajarkot district.

Surveillance

- WHO has developed surveillance forms to be used by the health workers in the VDCs. The surveillance forms are currently being distributed to the VDCs.
- The police radio system has been mobilized to guarantee weekly report of cases and deaths from each VDCs.
- Three samples have been sent to Kathmandu for testing. Further samples have been collected, and are on the way to Kathmandu.
- WHO has distributed 250 rectal swabs with Cary Blair media for sample collection, which has begun to be distributed to all VDCs.

Strengthen health care system

- Health camps have been set up in 8 locations. Three health camps are run by NMA (Bhagawati, Katikurta, Khalanga), 2 by the DPHO (Dasera, Ramidanda), 1 by the district hospital (Khalanga) and 1 by the Nepal Army (Karigaoun).
- Drugs and supplies have been mobilized to the area, including ORS sachets, Diarrheal Disease Kits, IV fluids and antibiotics. An exact number of supplies provided can be found in the logistics tracking sheet.
- Currently all health and sub-health posts are fully equipped with health staff. As such, there is no shortage of health workers on the ground. However, the issue of mobility and turnover will need to be discussed at the decision makers' level in order to ensure there is no gap of human resources in the district.
- The Female Community Health Volunteers (FCHV) will be mobilized to do house-to-house distribution of ORS sachets, and train the households on how and when to use the ORS.

Case management

- Standard protocol have been produced and will be distributed to control excess use of antibiotics and guarantee quality treatment for severe and moderate cases.
- ORS sachets are planned to be distributed in each household to reduce the risk of severe cases.

WASH

- The WASH cluster has mobilized its members in the area to perform hygiene promotion, awareness raising and distribute household chlorination tablets.
- There are enough chlorine tablets in the district for each household. Further need may be identified, in which case the DPHO will inform the DWSS to mobilized further support.
- The FCHVs will be mobilized to distribute aquatabs at the household level and to ensure proper treatment of drinking water.

Logistics

- The CDO has identified the deputy CDO to be stationed in Chaurjahari to coordinate the distribution of supplies, in collaboration with the CDO of Rukum.
- The supplies which are currently stationed in Chaurjahari will be transported to Jajarkot for better coordination and management.
- The MoHP rented 2 helicopters for 15 days from the Nepal Army to be used in the response.

- WHO, in collaboration with OCHA, developed a logistics and human resources tracking sheet in order to have a better understanding of the flow and level of stocks in the district. DPHO, with the support of WHO, will continue to maintain tracking of the supplies and HR flow.
- The DWSSDO will track the WASH supplies and identify the gaps. WHO and UNICEF will explore with partner agencies to identify supplies available in country, which can be mobilized quickly to the district.
- A minimum stocks list health action for each VDC is being developed, against which the drugs and supplies provided will be tracked.

Communication and Information Management

- The IEC team led by UNICEF has developed awareness raising messages for better hygiene, to be distributed by FM Radio, as well as over microphones in remote locations where there is little access to radio.
- WHO together with the UNICEF team developed several key messages on ORS utilization and access to health care facilities, for distribution.
- OCHA, together with the DPHO, has developed a WWW matrix of all partners working in the outbreak response in the district. DPHO will continue to maintain this matrix.
- WHO has distributed its global guideline on managing cholera cases. This document will also be translated into Nepali for further dissemination.

Challenges

- The main challenge continues to be communication. The remoteness of the VDCs and individual households, as well as the rugged terrain makes communication difficult and dependent on weather conditions.
- Access to health facilities for population placed in remote districts is also posing a big challenge, in terms of ensuring the right treatment to those in need.
- Coordination between the different actors, including DPHO, MoHP (central level), Nepal Army, INGOs and local NGOs, and other actors must be further strengthened.
- Coordination in terms of logistics must be streamlined to ensure that the VDCs have the right amount of drugs and supplies available at all times.
- The health teams deployed are facing difficulties in terms of accommodation, food and water as they had been deployed with no provision. The RRT kits will hopefully solve some of the issues being faced by the health workers on the ground.
- Transport from the centre to the VDCs remain the main problem. Ensure continue and regular deployment of human resources and material remains the most difficult task to be overcome.

Next Steps

- A high level meeting between the MoHP, Nepal Army and Prime Minister's office will be held in Kathmandu for better streamlining of the coordination of the response.
- Follow up on the various information management tools distributed must be carried out both at the district and Kathmandu level.
- Further need for logistics must be identified in advance to mobilize the supplies in the country.

For Further Information

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