

Outbreak Situation Report 21 July 2009

This report has been prepared by WHO based on information collected from the districts and health, nutrition and WASH cluster partners.

Situation

- In Jajarkot district, currently 11 VDCs (out of 30 VDCs) reported exact number of 2190 cases with only 61 deaths. This gives a Case Fatality Ratio (CFR) of 2.8% in the period from 15 May to 17 July 2009.
- For 14 other VDCs that have reported deaths, there is no information on the number of cases.
- Majarkot VDC according to the data available collected at the VDC level by the WHO investigation team has recorded 250 and 15 death in the period between 15 May and 17 July, giving a CFR of 10%.
- The overall attack rate for the 11 VDC where number of cases have been available is around 5.2%
- Several other districts have reported diarrheal cases and diarrhea related deaths, including Dailekh, Kalikot, Surkhet, Rukum, Dolpa, Jumla and Salyan districts.
- In Rolpa, according to Merlin, a total of 110 cases have been reported from Uwa VDC, and 5 non severe cases have been reported from Kureli VDC.
- Laboratory investigations are underway to identify the source and type of infection. Swabs for gathering samples have been distributed and various teams on the ground are trying to get samples. The National Public Health Laboratory of Nepal has been identified as a reference lab, and AFRIM in Bangkok will provide quality control.

Response

Coordination

- The Ministry of Health and Population has deployed Dr Chand to Jajarkot to be in charge of the overall coordination of the outbreak response. Dr Patak from HIV/MoHP has also been deployed to Surkhet to coordinate the logistical response on the ground.
- WHO will deploy a medical officer to Jajarkot to support the overall coordination of the response activities.
- The health cluster will identify supplies available in country that can be deployed to the area via the army helicopters. WHO will support the MoHP in prioritizing the supplies to be sent.
- Supplies and manpower on the ground continues to be tracked both at the district and central levels. In Jajarkot district, currently there are enough supplies and man power on the ground.
- The Regional Health Director's office is also supporting the coordination of activities from the regional headquarters in Nepalganj, in collaboration with OCHA and GTZ.

Health

- Standard protocols have been produced and are in the process to be distributed to control excess use of antibiotics and guarantee quality' treatment for severe and moderate cases.
- WHO, in support of MoHP, will distribute the surveillance forms to other districts through the health cluster partners as a means to collect better information as well as a preventive measure.

Response per District

- In Jajarkot district, the MoHP has deployed two more health teams. There are currently enough human resources on the ground.
- The WHO team has visited three additional VDCs in Jajarkot district to get a better picture of the situation on the ground. The team has managed to collect accurate data on the number of cases and deaths in each VDC, as well as an understanding of the stock situation. It was found that currently most VDCs have enough stock, and are in communication with the DHO for further supplies as necessary.
- In Jajarkot district, ADRA Nepal is conducting the reproductive health mobile camps in selected locations with UNFPA support. Through those camps, the people affected from diarrheal diseases have been treated with anti-diarrheal medicines and given health education.
- In Rolpa district, Merlin is supporting the formation of a volunteers committee for awareness purpose in Uwa VDC. The volunteers were oriented on key messages to disseminate and report cases to the local sub health post (SHP). Two Merlin medical teams are also on the ground and are supporting the treatment of patients as well as disseminating hygiene awareness raising messages through local volunteers as well as via FM Radio.
- In Rukum, ADRA Nepal has recently supported medicine, equivalent of Rs. 40,000 to the DHO of Rukum for distribution. The medicine is already delivered to the affected site under the management of Rukum DHO. In addition, ADRA Nepal along with our partner Safe Motherhood Network federation, is supporting a team of health workers as well as health education especially about the safe drinking water and sanitation in the affected areas, in close coordination with the DHO and local health facilities
- In Dolpa district, Care Nepal reports 3 confirmed deaths and 3 reported deaths as of 17 July 2009. The DHO in Dolpa is in control of the outbreak and has enough supplies in stock to be used for future cases. The DHO has also distributed pamphlets for raising awareness on hygiene measures and a medical team is currently on standby.

WASH

- Shortage of drinkable water and very poor sanitation seems to be the major risk factors for the current outbreak, together with the very poor general hygiene condition of the population resident in the VDCs.
- NRCS, DEPROCS, and NEWAH are supporting the WASH activities in Jajarkot district in collaboration with the DPHO and DWSSDO.
- In Jajarkot district, it was estimated that an additional supply of 4.2 million aquatabs is necessary to sustain the water quality in the next coming month. As of 21 July, Jajarkot district has been 4 days without necessary means of treating water. The VDCs visited by WHO were also in clear shortage of means to treat water.

- In 3 VDCs of Jajarkot district, WHO found that many people are relying on “pond” water (water coming from the ground) that is used also by animals, due to water scarcity.
- WHO is suggesting the use of rain-water collection techniques in areas with water scarcity. Rain water will provide clean and safe drinking water for the population. Currently it is the rainy season, and the districts affected are receiving large quantities of rain overall.

Logistics

- Two army helicopters have been rented for 15 days to transport human resources and supplies to the affected districts.
- Priority items must be identified to transport by the army helicopters within the next 15 days.
- The Jajarkot DHO has identified basic packages for treating 100 patients of severe diarrhea; a plan has been developed to distribute 2 of these kits to each VDC in the district.
- WHO, in collaboration with the MoHP, will put together a kit for setting up temporary treatment centres, including plastic sheetings. The Shelter cluster has been contacted to see if they can provide any on the ground.

Communication and Information Management

- The CDO in Jajarkot has agreed to distribute a CDMA phone in each VDC for use in reporting and general communication.
- The Nepal police has been requested to use their radio network to support the surveillance activities in Jajarkot district.
- In other districts, the main communication channel remains to be identified. In remote areas, the same system of using the Nepal police radio channel can be explored.

Challenges

- There is an urgent need to improve the sanitation and hygiene conditions of the affected population. The lack of readily available aquatabs or any other means to improve the water conditions remains a big challenge.
- Logistics continues to be an issue as many VDCs are only accessible by foot, thereby delaying the response.

Next Steps

- Distribution of the surveillance system in other districts and monitoring of the surveillance information.
- Hygiene awareness campaigns and management of the sanitation in each district is of the utmost importance to prevent further outbreaks of the situation
- Constant monitoring of the human resources and supplies is necessary to ensure a coordinated response.

For Further Information

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