

Update Report of Suspected Disease Outbreak in Madi Opei Sub-county, Kitgum District [05 Dec 07]

Introduction

Kitgum district surveillance team received a report on Thursday 22 November 2007 of a strange disease being registered in Madi Opei HC IV. The district Rapid Response team (RRT) was immediately constituted to conduct an outbreak investigation. The RRT conducted an epidemic investigation from 23 – 25 November 2007 and held a various coordination meetings.

Back ground

Madi Opei sub-county, situated about 45 km north-east of Kitgum town, has a total population of 11,073. The camp is composed of 25 villages. Very minimal population return activities have taken place in Madi Opei IDP camp. This implies that the living condition is still characterized by overcrowding, poor environmental sanitation and hygiene practices. The sub-county is bordered to the North - east by Southern Sudan. There are lots of socio-economic activities taking place across the two borders, while Madi Opei HC IV is the main provider of health care services to the population across the border.

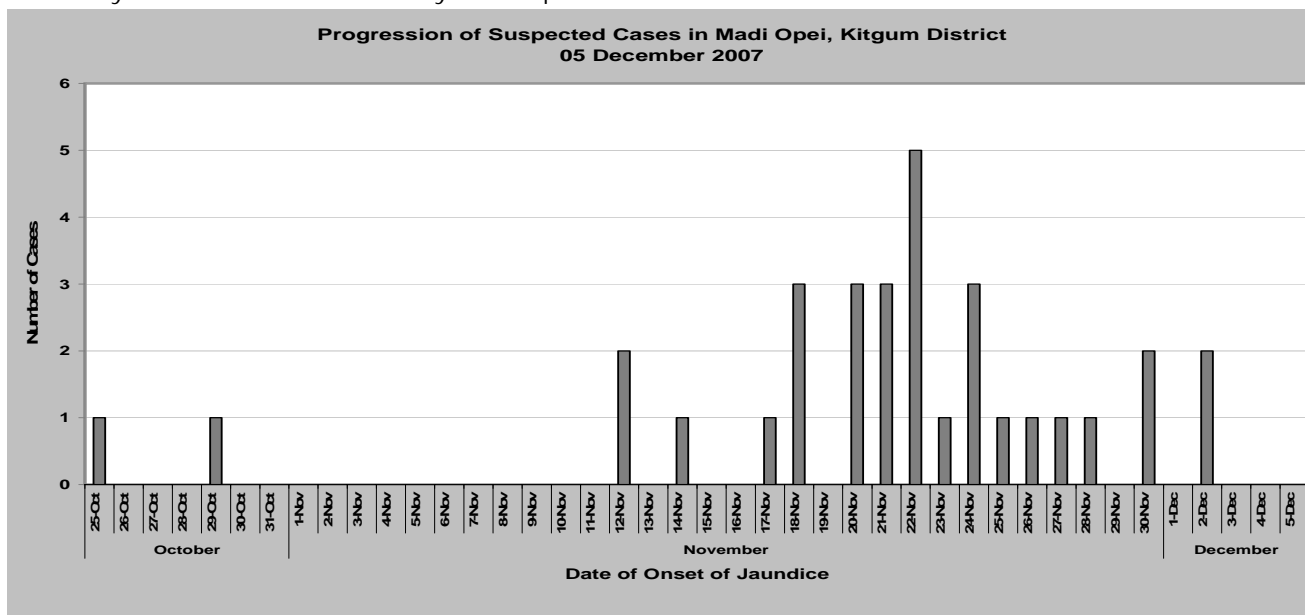
Progression of the outbreak

Surveillance information available indicates that the outbreak began in the last week of October 2007 when 2 isolated cases were admitted in Madi Opei HC IV (on 25 and 29 Oct respectively). The index case was a 40 year old pregnant woman from Poyamo Village, Kal Parish [Madi Opei Sub-county]. One of the 2 initial cases died in St. Joseph Hospital. To date, a cumulative of 32 cases have been registered, with 2 deaths; giving a CFR of 6.3%.

The clinical manifestation common to all the cases are: fevers, headache, malaise, abdominal pain; while a few had vomiting. These general features would then be followed by yellowing of the eyes and body. Only 1 patient had bloody diarrhea and vomited blood shortly before death. Physical examination revealed deep jaundice in all the cases, abdominal/ epigastric tenderness, tender enlarged liver and enlargement of the spleen in a few cases.

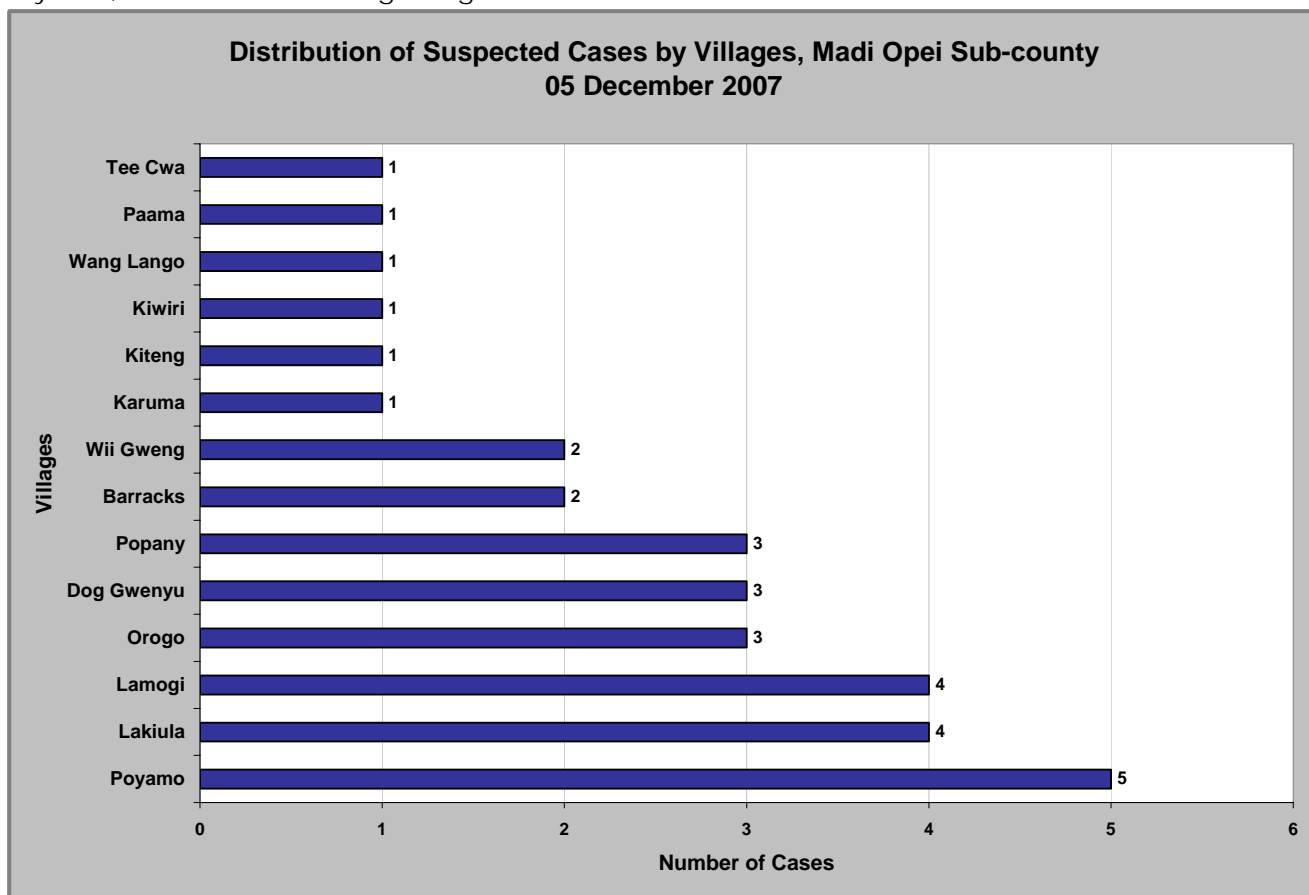
Epi-Curve of the outbreak

The epi curve below demonstrates a sporadic onset of the suspected outbreak in last week of October 07. The cases then increased the second week of November 07, attaining a peak in the 3rd week of November 07 when 5 cases were registered in a single day. The trend of progression then declined in the last week of November. The reduction in the number of cases could be attributed to the timely intervention instituted by the response team.



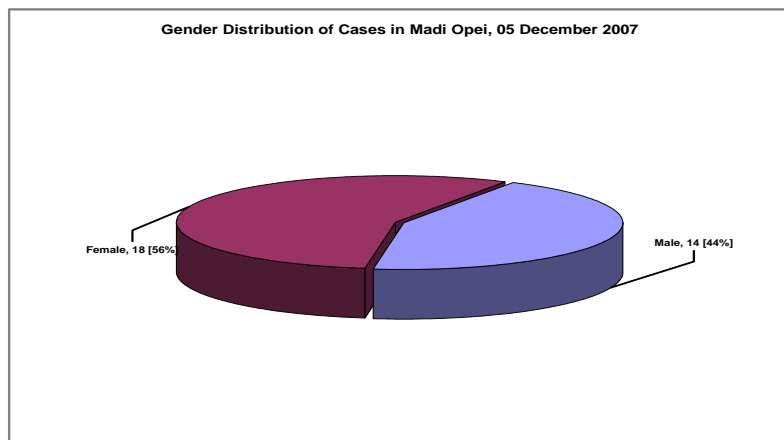
Distribution of cases by Location

Suspected cases have now been notified from 14 villages out of 25, with the most affected being Poyamo, Lakiuala and Lamogi village.



Gender and age distribution of suspected cases

Over half of the cases [56%] are female; meanwhile 63% of the cases are in the age range of 15 – 44 [see figures below].



| Age group | Number of cases | Number of deaths |
|-----------|-----------------|------------------|
| 0 – 4 | 2 | 0 |
| 5 – 14 | 5 | 0 |
| 15 – 29 | 9 | 1 |

| | | |
|--------------|-----------|----------|
| 30 – 44 | 11 | 1 |
| 45 and above | 1 | 0 |
| Unknown | 4 | 0 |
| Total | 32 | 2 |

Laboratory Confirmation

Eight [8] blood specimens have been collected and transported to UVRI Entebbe, but no laboratory results have yet been formally communicated to the district. However, preliminary results obtained [by phone from UVRI] ruled out Yellow Fever as the suspected disease outbreak.

Conclusion

The situation described above illustrates the existence of a disease outbreak that is demonstrating a declining trend. The provisional working diagnosis remains Hepatitis E/ A. What remains critical at this stage is confirming the diagnosis of the suspected outbreak. Various intervention measures have been put in place. A contingency plan based on activities identified during the co-ordination meetings is yet to be shared partners and submitted to relevant organizations.

Interventions put in place

🚦 Surveillance

- Active surveillance has been instituted
 - ✓ Daily reporting by health facilities
 - ✓ RRT on standby to investigate any rumour/ reported suspected cases and immediately conduct disinfection of the affected homesteads
 - ✓ Active case search in the community using CBDS
 - ✓ Community follow up of cases/ contacts tracing using CBDS

🚦 Case management/ Isolation/ infection control

- A former Cholera Treatment Centre (CTC) has been refurbished into a 16 bed isolation unit and all patients are provided with mosquito bed nets.
- Consumption of medical supplies is very low at this stage since most of the patients are stable and are largely on observation. MSF has been providing most of the supplies at this initial stage.
- A combined team of MSF and MOH staff are providing medical/ nursing care to patients.
- WHO country office provided assorted PPE kits [20 overall gowns, 50 pieces of face masks, 10 goggles, 5 heavy duty gloves], though all that is advocated for is universal safety precaution (minimum kit to include gloves, apron and Gumboots)
- Created isolation units in Kitgum and St Joseph hospitals, since a number of patients self refer themselves to these hospitals
- All the suspected cases (except the two (2) who died) came in ambulant and stable conditions and they were only detained at the health facility for observations (surveillance purpose). After making various consultations, it was decided that all suspected cases (who are stable) be sent home. All suspected cases have now been discharged after providing the following package:
 - ✓ Giving extensive public health education, emphasizing on personal, home and environmental hygiene practices; sleeping under mosquito bed nets; immediate reporting back to the health facility incase of deteriorating conditions
 - ✓ Giving each patient 2 bars of soap to facilitate hand washing practices and personal hygiene
 - ✓ Each patient sent home with a mosquito net
 - ✓ Each patient left a contact person [LC I] to facilitate tracing in case of needs

- ✓ Community Based Disease Surveillance (CBDS) focal persons have been tasked with the responsibility of community follow-up within their locality
- The isolation unit in Madi Opei HC IV is still operational , ready for use any moment
- Disinfecting of homesteads of all suspected cases reporting to the health facility was done

WASH activities

- WASH activities:
 - ✓ Conducted water quality testing of all water sources in Madi Opei (including samples at household levels)
 - ✓ Initiated bucket chlorination of water at all sources from 30 Nov 07
 - ✓ Mass distribution of soaps to the whole community of Madi Opei started on 1 December 07
 - ✓ Initiated aggressive public health education using the VHTs as the entry point a packaged messages
 - ✓ There is spot checks of jerry cans at all water sources and the ones found to be dirty are cleaned by trained attendants stationed at the water sources

Coordination

- Formed a multi- disciplinary Task Force, chaired by the Resident District Commissioner [RDC] and have scheduled meetings once a week.
- An Epidemic Preparedness and Response [EPR] Committee meeting on a bi-weekly basis to review the progression of the outbreak and respond strategies
- Various consultation meetings are held as required

Social mobilization

- VHTs are being used to disseminate packaged messages to the community in order to facilitate early case detection and reporting; and promote healthy personal, home, environmental and behavioral practices