



International Medical Corps community health workers conduct awareness-raising sessions on cholera prevention measures in Dougui refugee camp.

On May 27, the Federal Emergency Operations Centre in Sudan issued a report stating that officials had recorded more than 2,700 cholera cases and 172 cholera-related deaths over the previous week. Since then, the Chadian Ministry of Public Health and World Health Organization (WHO) issued statements warning that the epidemic could spread to Chad. Experts voiced concern that, as refugees seek safety from the conflict in Sudan, the crowded and unsanitary camps where they shelter near the Chad—Sudan border are likely to create a devastating outbreak of cholera.

On July 13 and 14, three patients with suspected cholera, with similar clinical symptoms characterized by profuse watery diarrhea and vomiting were brought to Dougui Health Center, which is supported by International Medical Corps. We immediately isolated them and transmitted an alert to the provincial health authorities. On July 16, we joined with Chokoyan Health District and WHO to further investigate the cases. Cholera rapid diagnostic tests were conducted for the three patients, one of whom tested positive. We then collected samples and sent them to Ndjamena for PCR testing. The results of the PCR tests are still pending.

Since July 13, a marked increase in cases of acute diarrhea with vomiting has been reported at the Dougui Health Center, with 35 cases reported. Four deaths occurred among patients receiving treatment and three patients were discharged after their condition stabilized. Four new cases have been reported in the past 24 hours. All patients with symptoms are from Zone 3 of Dougui Camp, which covers five blocks. The camp currently hosts 19,992 individuals (6,288 households).

The risk of larger outbreak remains high, due to a lack of access to safe drinking water for camp residents and poor sanitation conditions, including open defecation and overflowing latrines. The onset of the rainy season and the ongoing relocation of refugees directly from Sudan, where a severe cholera outbreak is occurring, are factors that could contribute to the spread of cholera in the Dougui camp.

A health delegation from the city of Abéché in eastern Chad organized a simulation exercise for cholera-outbreak response, working with various partners operating in Ouaddai province to prepare them for a potential cholera outbreak.

FAST FACTS

- Since July 13, 35 cases of acute watery diarrhea with vomiting have been reported at the International Medical Corpssupported health center at Dougui refugee camp, which houses approximately 20,000 refugees in eastern Chad. Four patients have died. One of three samples collected tested positive for cholera using rapid diagnostic tests. The samples have been sent to Ndjamena for confirmatory PCR testing.
- There has been an active cholera outbreak in Sudan since May, increasing the risk of spread to Chad due to the daily influx of Sudanese refugees and Chadian returnees. WHO and Chadian health authorities have urged enhanced surveillance and detection efforts in Chad.

OUR FOOTPRINT

- International Medical Corps has a history of operating in Ouaddai province in eastern Chad since 2004.
- Our current activities include providing emergency lifesaving primary healthcare; maternal and child health services; mental health and psychosocial support; food security and livelihoods; and nutrition services.

OUR RESPONSE

- International Medical Corps has established a 30-bed isolation area and provided treatment to 31 patients experiencing acute diarrhea with vomiting.
- We are supporting sample collection for testing and conducting contact tracing at the community level. Community health workers are engaged in awareness raising and active case surveillance. We have collected samples from patients and sent them for cholera testing.

On July 21, following a report by International Medical Corps of an increase in cases of diarrhea and vomiting, the Chadian Ministry of Water and Energy—which also serves as the General Secretariat of the government—issued an official statement. The statement, addressed to the heads of affiliated organizations, general directorates and provincial delegations of the ministry, called for strengthening of awareness campaigns in their areas of intervention, actively communicating with communities and local partners about the importance of safely treating and storing water, and supporting all preventive actions implemented by the Chadian Ministry of Health (MoH) in response to the increased risk of cholera in Chad.

International Medical Corps Response

As of July 23, the International Medical Corps-supported Dougui Health Center had received 35 cases of acute watery diarrhea (AWD) with vomiting, including 25 severe cases. We have established a three-tent isolation area with a capacity of 30 beds to manage complicated cases of AWD. We also have facilitated the collection and transport of three samples to the city of Abéché to test for Vibrio cholerae bacteria. We have been working closely with other actors, including the health district, the provincial health delegation, WHO, UNICEF and UNHCR.

We also have moved to strengthen community awareness and conduct active case-surveillance efforts in Dougui camp. In addition, a multidisciplinary team composed of International Medical Corps, the MoPH, WHO, UNICEF and UNHCR has begun conducting contact tracing and case investigations (ring surveillance). WHO has donated IV rehydration solutions to the Dougui Health Center for stabilization of patients.



Refugees arrive from Sudan in Dougui refugee camp.

International Medical Corps is reinforcing infection prevention and control (IPC) measures both at the clinic and community levels within Dougui camp, and is working to replenish hygiene supplies at the Dougui Health Center. WHO is planning to donate additional medications for stabilization and treatment, as well as tents to establish additional isolation spaces, in anticipation of an increase in cases within the coming days. A crisis coordination meeting with health authorities and other stakeholders is planned to raise the alert on the gravity of the situation, and International Medical Corps will conduct refresher training for health service providers on case definitions and case management.

The situation is expected to deteriorate, and significant gaps remain in the availability of cholera beds, personal protective equipment, medications, hygiene consumables, and water, sanitation and hygiene supplies. There also is a shortage of health workers to provide adequate care to patients—for example, the same nurses currently are supporting general and isolation wards at the health center, increasing the risk for cross contamination. As this is the first of its kind outbreak in Chokoyan, local staff have limited experience in responding to outbreaks. Senior International Medical Corps medical staff will provide targeted training on IPC and case management. It is essential to strengthen our response capacity by pre-positioning the necessary inputs for the cholera response and establishing a cholera treatment unit to respond effectively to a potential increase in cases.