



A staff member helps a patient at the cholera treatment isolation tent that we have set up in Dougui refugee camp.

On July 25, Chad's Ministry of Public Health and Disease Prevention officially announced an outbreak of cholera in the Dougui refugee camp, located in the Chockoyan health district of Ouaddai province, in the eastern part of the country. Since then, the epidemic has spread to other health districts in the province, with five health districts—Abechéché, Adré, Amleyouna, Chokoyan and Hadjer Hdjid in Ouaddai province, and Abdi in Sila province—affected as of August 24. 1,016 cases have been recorded since the start of the epidemic, including 407 in Dougui. 68 deaths have been recorded, including 35 at the community level, representing a case fatality rate of 6.7%. Multiple factors are contributing to this high rate, including delays in seeking medical attention, limited capacity of health facilities to manage cases (due to lack of qualified staff, adequate materials and equipment), insufficient community mobilization (lack of or delayed use of health services) and weak referral systems (particularly from communities to health centers).

The risk of the outbreak worsening and spreading further remains very high. Limited access to safe drinking water in refugee camps and in host communities, poor sanitary conditions—including open defecation, insufficient latrines and poor hygiene practices—and high mobility are all risk factors contributing to the spread of the disease.

Several key actions have been undertaken at the central level to coordinate the response, including organization of crisis meetings with relevant stakeholders, deployment of a multisectoral response team to Ouaddai province and the appointment of an incident manager. At the

FAST FACTS

- As of August 24, 407 cases of cholera have been reported since July 13 at the International Medical Corps-supported health center at Dougui, while 11 patients have died (case fatality rate of 2.7%).
- The epidemic has spread to five health districts in Ouaddai province and one health district in Sila, with a total of 1,016 cases recorded and 68 deaths (case fatality rate of 6.7%).

OUR FOOTPRINT

- International Medical Corps has a history of operating in Ouaddai province since 2004.
- Our current activities include providing emergency lifesaving primary healthcare, maternal and child health services, mental health and psychosocial support, food security, livelihoods, nutrition, and water, sanitation and hygiene (WASH) services.

OUR RESPONSE

- International Medical Corps has established a 40-bed Cholera Treatment Center (expandable as needed) in Dougi, designed in accordance with WHO standards for the appropriate and dignified management of cholera cases.
- We are providing capacity building for health workers on case management, infection prevention and control, and WASH.
- We have strengthened risk communication activities with 50 community health workers to conduct awareness raising activities and case surveillance, and have established oral rehydration points in the most affected blocks of the Dougui camp.
- We are decontaminating homes with confirmed cases and providing doxycycline chemoprophylaxis to contacts of confirmed patients as a preventive measure against cholera.

regional level, the government has established a provincial coordination mechanism for incident management. This includes the activation of the Provincial Rapid Response Team and a joint Provincial Health Delegation consisting of health authorities and staff from the World Health Organization (WHO) and UNICEF. They have also established a sub-coordination committee at the Chockoyan district level. However, despite these efforts, major gaps remain in various areas of the response, including case management (particularly in the host community), WASH (latrines, access to drinking water, hygiene) and risk communication.

International Medical Corps Response

From the outset of the outbreak, International Medical Corps set up a Cholera Treatment Unit at Dougui Hospital and began construction of a Cholera Treatment Center (CTC) for the appropriate management of cholera cases. The CTC, which has been open since August 7, operates 24 hours a day and receives all cases of cholera identified in the Dougui camp. Patients admitted to the CTC receive adequate nutritional support during their stay, as well as WASH kits. Our teams conduct awareness-raising activities on good hygiene practices within the facility and provide psychological support to patients showing psychosomatic symptoms.

As of August 24, 407 cases have been recorded at Dougi. 45% of patients have presented with severe dehydration and 33% with moderate dehydration. 11 deaths have been recorded, representing a case fatality rate of 2.7%. The average length of stay is 2.33 days.

International Medical Corps has reached 200 men and 439 women since August 1 with sensitization activities, including 36 children under the age of 15 who presented with cholera-like symptoms and were referred to the Dougui Health Center. Our teams also have carried out the decontamination of eight households and trained 20 hygienists in proper household decontamination practices.

In addition, we have conducted five training sessions on the curative and preventive management of cases for CTC technical teams, and provided training for hygienists and sprayers about hygiene at the CTC, how to prepare chlorinated water, and how to decontaminate bodies and households.

We are co-leading the national Cholera Task Force in collaboration with the Ministry of Public Health and Health Cluster, and co-leading cholera response sub-coordination in the Chockoyan health district. We continue to work closely with other actors—including the health district, the provincial health delegation, WHO, UNICEF and UNHCR—on the response.



A staff member sanitizes a cholera treatment isolation tent set up to treat suspected cholera patients in Dougui refugee camp.