EPIDEMIOLOGICAL SURVEILLANCE & EPIDEMIC CONTROL IN HUMANITARIAN CRISSES

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Outline of Presentation

• Humanitarian Crises and Epidemics
• Disease Surveillance Systems in Humanitarian Crises
• Prevention of Epidemics in Humanitarian Crises
• Control of Epidemics in Humanitarian Crises
• Conclusions
Humanitarian Crises and Epidemics (1)

- Humanitarian crises increase the frequency and severity of diseases
  - Already Southern Africa is the most severely affected sub-region in the world, with adult HIV prevalence exceeding 20% in several countries
  - HIV/AIDS spreads fastest in conditions of poverty, powerlessness and social instability—conditions that are often at their most extreme during humanitarian crises
  - The state of famine and hunger results in destitution, and increase in the number of people requiring care
Humanitarian Crises and Epidemics (2)

– Countries in Southern Africa have the highest TB burden in Africa, largely as a direct result of the dual TB/HIV infection - greater than 300/100,000 population

– Displaced flow of resources to food procurement threatens sustainability of health systems that are key to the delivery of TB services
Humanitarian Crises and Epidemics (3)

- Communities suffering from humanitarian crises are more predisposed to outbreaks of epidemic diseases
  - Incidence of diarrhoeal diseases and outbreaks of shigella dysentery type 1 usually increases during droughts, caused by reduced access to clean drinking water, insufficient water for personal and household hygiene, and poor sanitation practices
  - Several countries in the sub-region have experienced outbreaks of cholera in 2001 and 2002 with unacceptably high case fatality rates (2–8%)
  - Plague of the bubonic form is common in sub-region, but outbreaks of pneumonic or septicemia forms could occur under current conditions.
Humanitarian Crises and Epidemics (4)

• Malaria in the Southern African region is both endemic (6 countries) and epidemic (4 countries) in nature

• Several epidemics have occurred with high case fatality rates. There are likely to be localized severe epidemics when the rains return (biological rebound)

• The associated malnutrition in humanitarian crises has been shown to increase both the severity and mortality of malaria
Humanitarian Crises and Epidemics (5)

- Humanitarian crises have untold hardships on children
  - Crises precipitate high levels of moderate to severe malnutrition among children, leading to reduced natural immunity and susceptibility to infections
  - Crises lead to increasing numbers of severe pneumonia, severe malaria and diarrhoeal diseases
Disease Surveillance Systems in Humanitarian Crises

• Effective disease surveillance systems are vital for effective control of diseases

• Surveillance information is useful for
  – Priority setting
  – Planning
  – Resource mobilization and allocation
  – Prediction and early detection of epidemics
  – Monitoring and evaluation

• Disease surveillance systems may suffer in times humanitarian crises
  – Shifting of resources
  – Disruption of health services
  – Mobility of health workers
Prevention of Epidemics in Humanitarian Crises

• Strengthen disease surveillance systems at all levels to predict epidemics

• Ensure that disease prevention interventions are not disrupted

• Ensure uninterrupted safe water supplies
Control of Epidemics in Humanitarian Crises (1)

• Strengthen systems for epidemic preparedness and response
  – Formulate national/district epidemic preparedness and response plans
  – Set up and orient epidemic management committees
  – Set up and train rapid response teams
  – Maintain contingency stocks of drugs and supplies
  – Train/re-train or orient those involved in epidemic preparedness and response
Control of Epidemics in Humanitarian Crises (2)

• Establish programmes for nutritional supplementation, particularly for children and pregnant women
• Strengthen capacity of health services and health workers to manage diseases likely to be exacerbated by crises
• Strengthen/reinforce referral systems
• Strengthen community structures and organizations
Conclusions

• Southern Africa faces an unprecedented humanitarian crisis
• Unprecedented response is required
• Effective disease surveillance and response systems are available to deal with this crisis
• The challenge is to mobilize adequate political will, commitment and resources to deal with this crisis