

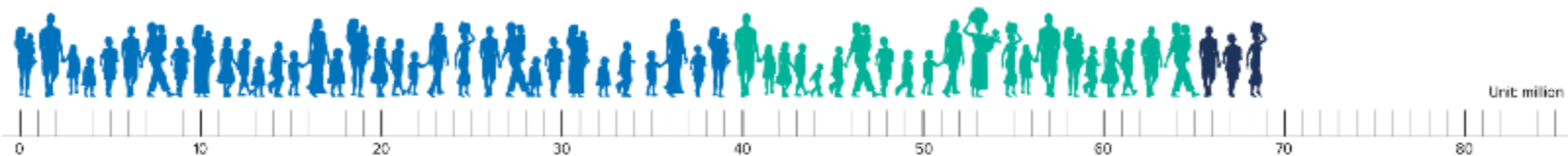


# GTFCC CASE MANAGEMENT WG MTG

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Senior Public Health Officer, UNHCR  
05. November 2018

**68.5 million** forcibly displaced people worldwide



Internally Displaced People  
**40 million**

Refugees  
**25.4 million**

19.9 million under UNHCR mandate  
5.4 million Palestinian refugees registered by UNRWA

Asylum-seekers  
**3.1 million**

Where the world's displaced people are being hosted

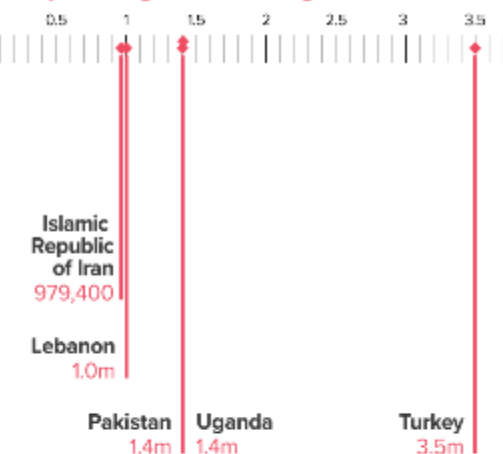


85 per cent of the world's displaced people are in developing countries

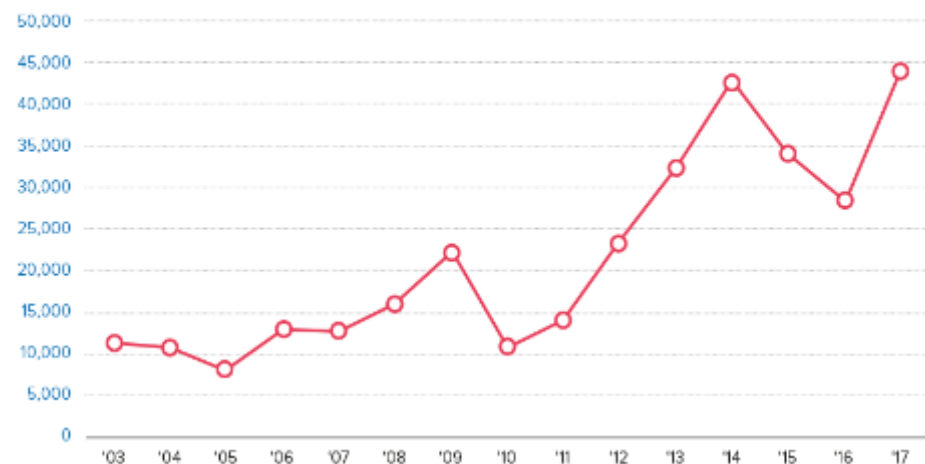
**57%** of refugees worldwide came from three countries



Top refugee-hosting countries



Number of people newly displaced per day | 2003-2017



**10 million** stateless people



**102,800** Refugees resettled

**44,400** people

a day forced to flee their homes because of conflict and persecution

We are funded almost entirely by voluntary contributions, with 87 per cent from governments and the European Union and 10 per cent from private donors

**11,517** staff

UNHCR employs 11,517 staff (as of 31 May 2018)

**128** countries

We work in 128 countries (as of 31 May 2018)

# Uganda

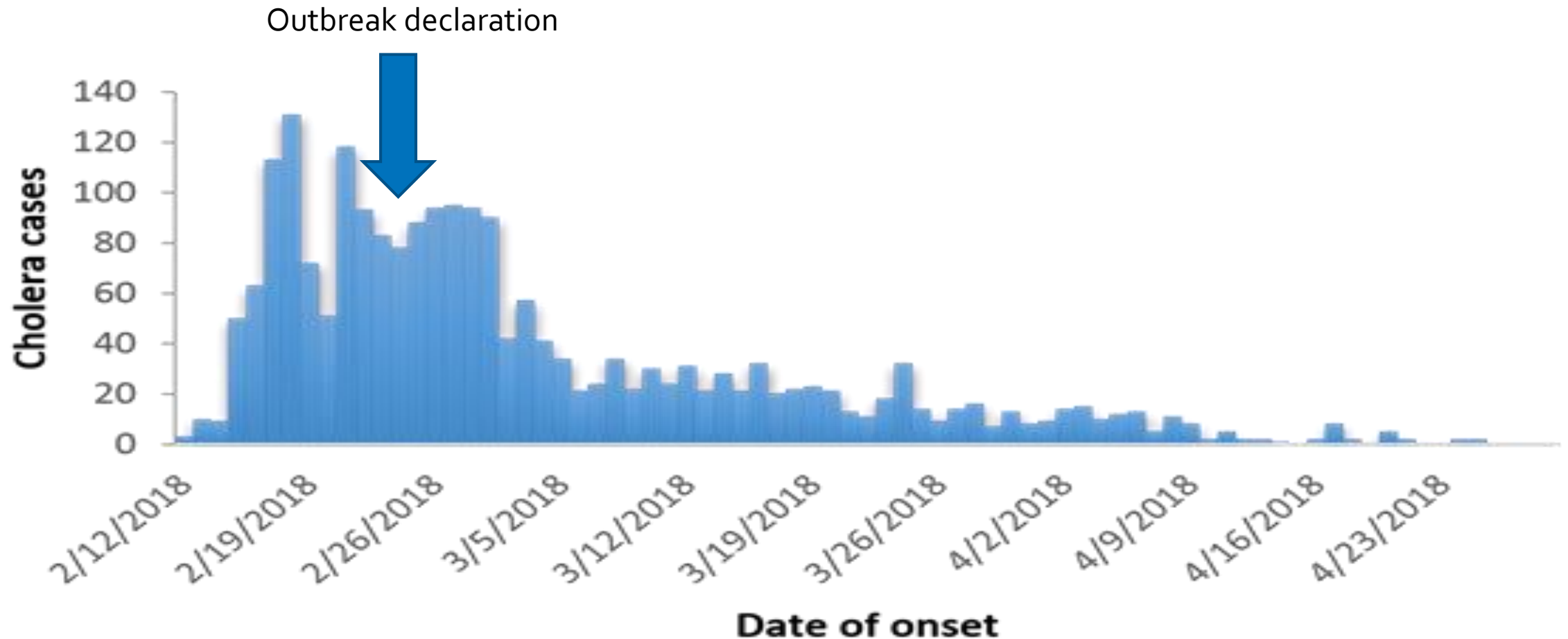
- Over 100,000 new arrivals from DRC in 2018
- Over 800 per day in month of March 2018
- Over 300,000: Total DRC refugees in Uganda



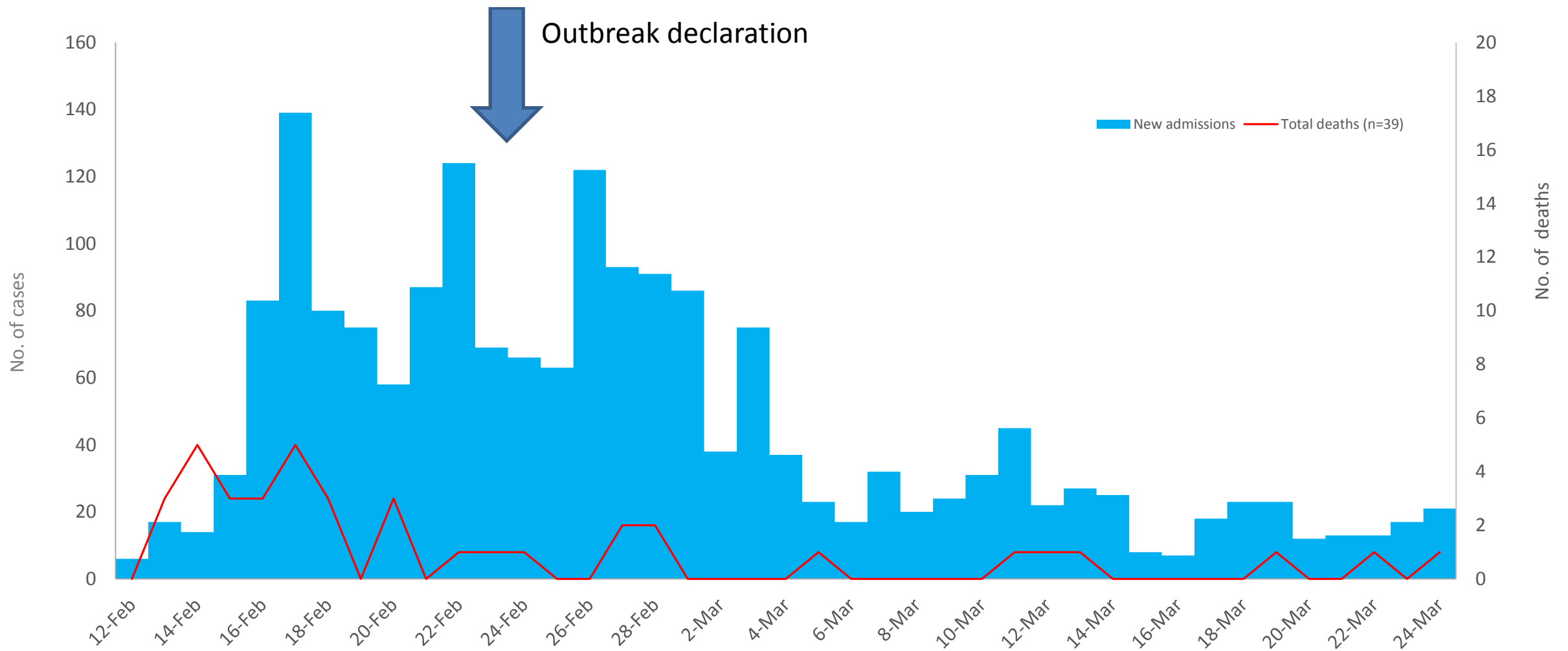
# Hoima district cholera outbreak, 2018

- 15/02: Newly arrived adult male from DRC (AWD+Sv Dehyd) **died at entry point** (Sebagoro)
- 15–18 Feb: 424 AWD cases in Kyangwali Ref settlement. **AWD deaths increased- 4 to 26** same time period.
- **Most deaths: community & at night.** Reported witchcraft beliefs delayed health seeking
- 15/02: 3 stool samples sent to Central Public Health laboratory (CPHL), Kampala.
- **19/02: All 3 culture+, *Vibrio cholerae* 01 inaba:** sensitive to Doxycycline, Erythromycin, tetracycline, chloramphenicol
- **23/02: MOH outbreak declaration**
- 16/03: Retrospective analysis: **First suspect case seen at HF on 11/02**

# Hoima Uganda 2018: 2119 cases, 44 deaths (CFR 2.07%)

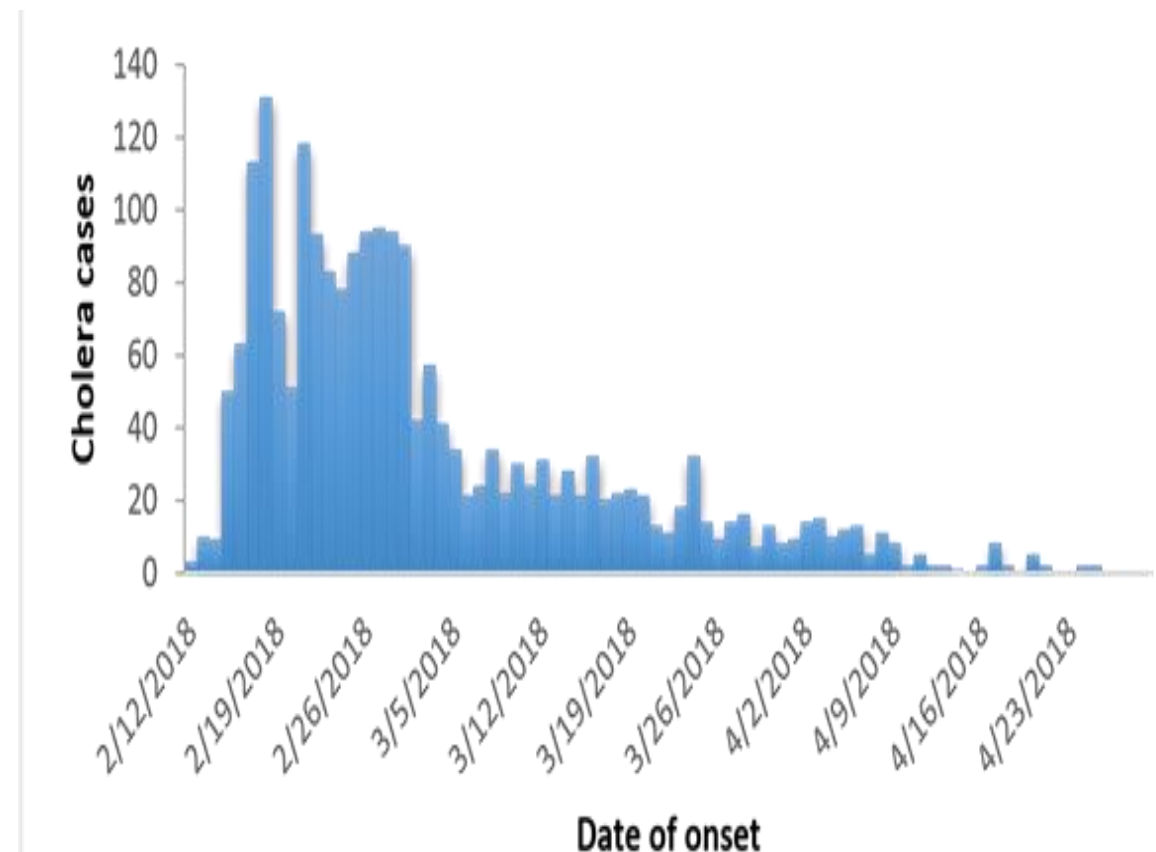


# Kyangwali Refugee settlement



# Hoima Outbreak key aspects to note

- **About 12 days** between the first suspected case and the outbreak confirmation
- Delay--- Increased transmission and spread + congestion
- Mid-Feb coincided with **rainfall** and increased **refugee influx**.
- Peaks reported on the days following heavy downpour.
- Multiple point sources of the outbreak.
- Epicenters: Sebagoro landing site, Kagoma reception centre and Maratatu new arrival settlement

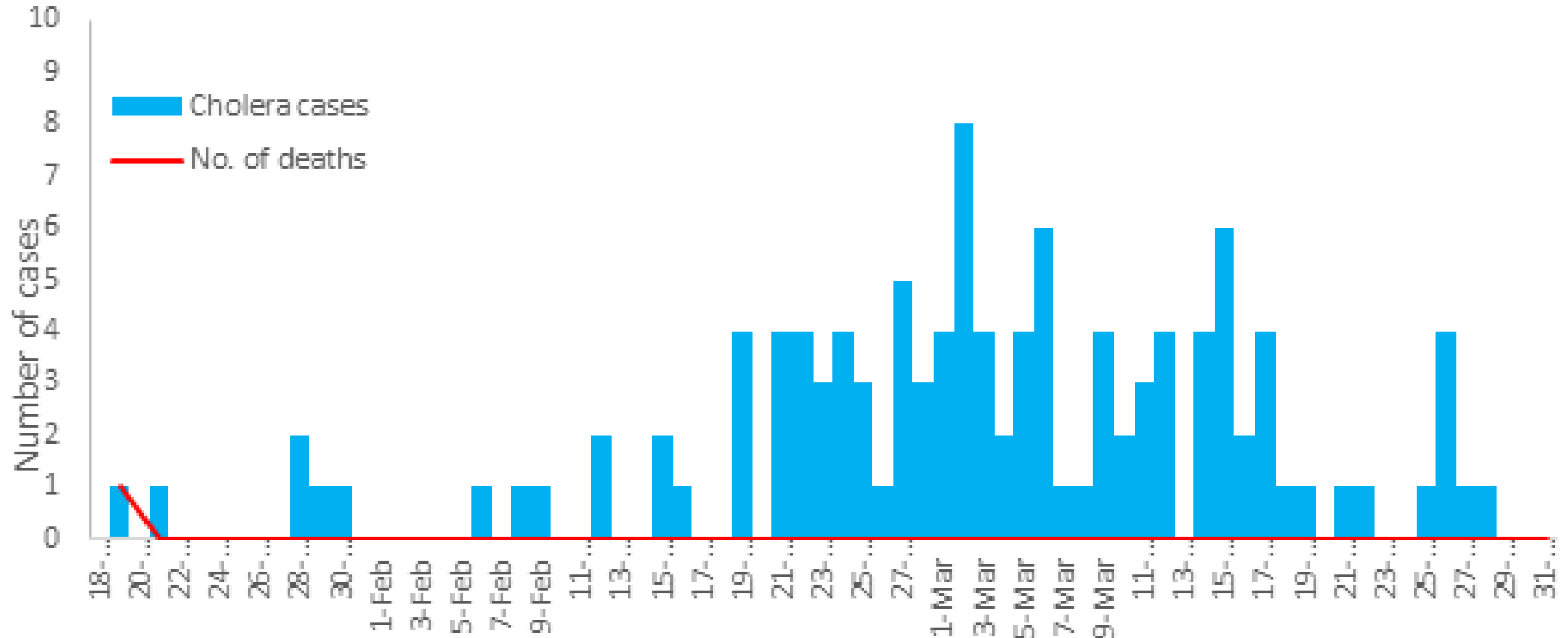


# Kyaka II Response (Kyegegegwa district)

- 17/01: First suspect case (70yrs) in Kyaka II was rapidly detected. Cholera RDT+ but –ve by Culture (Shigella isolated)
- 18/01: Patient's attendant (80yrs) had AWD+ Svr dehyd and died on 19/01
- **22/02: First culture+** (2 samples from other patients)
- **Timely response** in investigation and contact tracing
- Initial stages **ALL with watery diarr subjected to RDT tests.**
- Trained VHTs important in the response
- Daily taskforce mtgs including WASH and health partners.
- Swese reception center: **less numbers and congestion compared to Kyangwali**
- Refugees **quickly allocated plots of land** thereby limiting spread.
- **Relatively fewer cases reported in Kyaka II due to some of above reasons.**



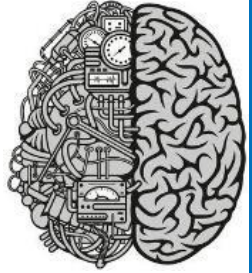
# Kyaka II Refugee settlement (132 cases, 1 death)



# Key aspects at initial stages of outbreak

- **Initial partner capacity** challenges, Good MOH leadership and partner mobilization
- **Congestion** at reception facilities and at settlement plots
- More than 50% of refugee patients identified/referred from outside the settlement and collection points (living among/with nationals)
- **Initial suboptimal IPC practices and CTC management**
- WASH challenges: access to safe drinking water and latrine coverage
- **Poor roads** affecting truck movement
- Slow uptake of **behaviour change** (handwashing and use of latrines)
- **Pre-plan on use of OCV** approved by MOH prior to outbreak (implemented as of May 2018)
  
- And .....

# Selective chemoprophylaxis dilemma



- GTFCC: There is currently insufficient evidence to evaluate the effectiveness of selective chemoprophylaxis (household contacts, enclosed communities).

## Uganda:

- Selective chemo. for immediate contacts supported by natl. guidelines
- Cholera outbreak 2018: Mixed experience
  - **All immediate contacts treated with Doxycycline stat dose**
  - MoH and some NGOs followed national guidelines
  - Some followed global guidelines
- Way forward in such situations??



# Thank you!

## Public Health Section

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