Office of U.S. Foreign Disaster Assistance

DISASTER CASE REPORT

Agency for International Development

Washington D.C. 20523

MALDIVES - Cholera Epidemic

Data

Date: March-May 1978 (FY 78)

Location: Country-wide

No. Dead: 219

No. Affected: 11,258

Damage: Fishing operations halted; Japan, Korea, and Thailand refused to import Maldivian fish for a month

The Disaster

The Republic of the Maldives is an isolated island nation of 19 atolls containing approximately 2,000 islands, 250 of which are inhabited. Unpowered boats are the primary form of inter-island transportation making communication difficult. Gastroenteritis is endemic but there is no regular surveillance of such problems in the Maldives. Severe diarrhea was reported from remote atolls in January 1978 and by March, when it reached epidemic proportions, cholera was suspected.

Cholera was confirmed on April 3 by a World Health Organization (WHO) consultant. The Government of the Republic of the Maldives (GORM) delayed releasing news of the outbreak, fearing possible adverse effects on fishing and tourism, its main sources of income. On June 6 WHO declared the epidemic to be under control.

Action Taken by the Government of the Republic of the Maldives (GORM)

Medicines, trained medical personnel, and funds were all insufficient. The GORM urgently requested assistance from WHO and UNICEF and issued an appeal for hospital equipment, medical supplies, and transportation. The Ministry of Health mobilized all available personnel and sent teams to the outer atolls where fishing boats and an airplane ferried medical and other supplies. Data were collected from atoll chiefs to monitor the incidence and spread of cases.

On April 18 the President of the Maldives took over administration of all control activities, and the national stadium in Male (the capital city) was converted into an administrative and mass immunization center.

Ultimately, 95% of the Maldivian population was vaccinated against cholera. Volunteers, such as Girl Guides and schoolchildren, were mobilized for control activities, like helping with the daily chlorination of household wells in Male with bleaching powder. When the epidemic spread to Male itself, additional beds were made available in temporary sheds at Male Hospital.

Follow-up measures after the official end of the epidemic included booster doses of cholera vaccine for the entire population, daily chlorination of drinking water, isolation and treatment of contacts, harbor surveillance, supervision of food vendors, and environmental sanitation.

Assistance Provided by the United States Government (USG)

On April 6, 1978, the US Ambassador to Sri Lanka made a disaster determination and presented $25,000 to the GORM. The funds were used for drugs, transport of medical teams to the atolls, doctors' local expenses, purchase of six fiberglass tanks and one refrigerator for vaccines, hospital items, salaries of temporary nurses, and miscellaneous expenses.....$25,000

Two doctors from the Center for Disease Control (CDC) in Atlanta were sent to the Maldives for three weeks to assist in determining the cause of the cholera outbreak and its mode of transmission. (Since household wells were chlorinated after cholera was identified, it was not possible to determine conclusively whether drinking water was the means of transmission.).....$6,571

A.I.D. arranged for a four-person team from the Cholera Research Laboratory in Dacca, Bangladesh, to assist the GORM. Cost (including $1,806 from FY 79).....$8,706

TOTAL $40,277

Assistance Provided by US Voluntary Agencies

None reported.

Assistance Provided by the International Community *

International Organizations

UNICEF provided a logistician and health advisers, oral rehydration salts, intravenous fluids with applicators, ampicillin, halazone, furazone, tetracycline, cholera vaccine, bleaching

powder for water chlorination, and food allowances for medical teams; all at a cost of $61,000

WHO sent an epidemiologist and a microbiologist from the National Institute of Communicable Diseases in India, as well

as an epidemiologist, a pediatric consultant, a program officer, and a logistics officer from Sri Lanka. WHO also

contributed one ton of medicines including antibiotics and 50,250 oral rehydration packets, all valued at $600,275

TOTAL $671,275

Governments

India - personnel from the National Institute of Communicable Diseases; WHO team

Japan - Japanese fishing boats transported WHO and GORM medical personnel

Libya - intravenous fluids, tetracycline, cholera vaccine, and vitamin B

Sri Lanka - provided cholera vaccine and the services of nine government medical officers to the GORM

United Kingdom - cash grant, $10,000

* Please Note: the figure for total international assistance is an approximation. In many cases, the cash value of in kind aid is unavailable.