



# DISASTER CASE REPORT

Agency for  
International  
Development

Washington D.C.  
20523

## GUINEA-BISSAU – Epidemic FY 1988

**Date**

Sept. 21 - Nov. 19,  
1987

**Location**

The capital of  
Bissau and nearby  
coastal villages and  
islands

**No. Dead**

68

**No. Affected**

6,000 cases  
reported, of which  
1,300 required  
hospitalization

**The Disaster**

On Sept. 25, 1987, the National Radio of Guinea-Bissau announced that cholera had broken out in the capital of Bissau, with three deaths and 57 people requiring hospitalization. By the end of the first week of October, 292 cases with 13 fatalities had been reported in Bissau alone, and over 80 cases in nearby villages and islands, with eight fatalities. Health officials suspected that the cholera had come from oysters and smoked fish and had spread outside the capital through public contact during funerals.

The disease raged throughout October but the situation showed signs of stabilizing by the end of the month when the number of hospital cases had declined to 25-30 per day from a high of 40. Mortality rates, however, were low due to the quick and generally effective health measures undertaken by Guinea-Bissau and international health authorities. By Nov. 19, when the epidemic had run its course, cholera had claimed 168 lives out of a total of approximately 6,000 reported cases, 1,300 of which had required hospitalization.

Altogether in Bissau, 1,388 people--1% of the urban population--were hospitalized with moderate to severe diarrhea between Sept. 25 and Nov. 19; the death rate of hospitalized cases was 1%. Men and women were affected equally, while the age-specific attack rate varied from 4 per 1,000 (0.4%) for people under 20 years old to 20 per 1,000 (2%) for those over 60.

**Assistance Provided by the Government of Guinea-Bissau (GOGB) and Non-Governmental Organizations**

GOGB health officials quickly recognized the cholera outbreak and immediately took action to contain it. They organized a cholera ward in the national hospital and established temporary infirmaries and treatment centers in affected rural

areas. Patients were treated with rehydration therapy (both Ringer's lactate and oral rehydration solution were used) and oral tetracycline cholera vaccine was not used. Red Cross volunteers helped public health nurses in an extensive effort to treat family contacts with prophylactic tetracycline. By the second week of the outbreak, basic principles of triage, treatment, sanitation, and laboratory surveillance were established in accordance with WHO guidelines. Public service advisories on health precautions were broadcast repeatedly. In order to arrest the spread of the disease, the GOGB closed several markets and banned funeral services.

In addition, the GOGB Ministry of Health (MOH) made an urgent appeal to the international community for assistance in combatting the epidemic, specifically requesting Ringer's lactate serum administered by IV plus epicranial and size 20 needles and other medical supplies.

**Assistance Provided by the U.S. Government**

In response to the GOGB appeal, U.S. Ambassador John Dale Blacken declared a disaster on Oct. 8, 1987, and requested that OFDA provide IV solution, supplies of which were being rapidly depleted. OFDA Medical Officer Jack Slusser immediately ordered 128 cartons of Ringer's lactate solution, needles, and syringes from UNICEF's warehouses in Copenhagen. The supplies were flown to Dakar and transshipped overland to Bissau. The medicine and supplies cost \$9,683, the air freight was \$17,066, and overland transport cost \$2,000. When the Centers for Disease Control (CDC) received word of the cholera epidemic, it offered

to send a Portuguese-speaking epidemiologist to help the MOH fight the disaster. The GOGB gladly assented and Dr. Nathan Shaffer arrived in Bissau on Oct. 17. He integrated himself with the international medical team and stayed nearly four weeks. Dr. Shaffer worked on the relief effort and organized an urban and rural risk factor/transmission study.

**TOTAL**                      **\$28,749**

**Assistance Provided by U.S. Voluntary Agencies**

None reported

**Assistance Provided by the International Community**

Belgium - sent a medical team.

Cuba - provided unspecified assistance.

France - supplied 10 MT of medicine and a medical team.

Medicins sans frontieres/France - helped plan a national vaccination campaign with WHO.

Portugal - provided a 7-person medical team and 20 MT of medicine.

Sweden - provided unspecified assistance.

WHO - played a major role in the epidemic control campaign, advised the GOGB, and helped plan a national vaccination program.