

# EMERGENCY APPEAL



International Federation of Red Cross and Red Crescent Societies  
Fédération internationale des Sociétés de la Croix-Rouge et du Croissant-Rouge  
Federación Internacional de Sociedades de la Cruz Roja y de la Media Luna Roja  
الاتحاد الدولي لجمعيات الصليب الأحمر والهلال الأحمر

## ***BURKINA FASO: MENINGITIS EPIDEMIC***

Appeal no: 09/2002  
15 April 2002

***THIS APPEAL SEEKS CHF 103,000 (USD 59,917/EUR 68,103)  
IN CASH, KIND AND SERVICES  
TO ASSIST 1,900,000 BENEFICIARIES FOR 1 MONTH***

### ***The Situation***

A meningitis epidemic in Burkina Faso is now in its fifteenth week and has thus far infected 8,446 people, killing 1,056. The outbreak first appeared in early January 2002 in the eastern district of Diapaga. Since then the Ministry of Health (MoH) has reported cases in all of Burkina Faso's 53 districts, 21 of which have reached the epidemic threshold (10 cases for 100,000 people over a period of one week) while 9 remain in a state of alert (5 cases for 100,000 people over a period of one week).

Although meningitis is endemic in sub-Saharan Africa, of particular concern this year is the presence of a non-native strain of meningitis called W 135; one of the most virulent forms of the disease. The native strains are A and C which were targeted by previous vaccination campaigns including one launched by the MoH earlier this year. According to WHO, the first cases of W 135 in Burkina Faso were reported in 2000, brought back by pilgrims returning from Mecca. The presence of W 135 effectively puts all of Burkina Faso's 12,000,000 residents at risk of contracting the disease. According to the MoH, over 34% of those who contracted the disease this year were vaccinated against meningitis last year. A recent study performed by the US-based Centre for Disease Control (CDC) Atlanta and WHO sampled 400 individuals living in five of the most affected districts and who were confirmed as being meningitis cases. The study revealed that of the 400, 54% were infected by the W 135 strain. This year, 90% of cases have been among youth under 15 years of age. The mortality rate recorded thus far has been 10.4%.



**A mother watches anxiously as her child has just been diagnosed and treated for meningitis at a local health center in Ouagadougou**

To compound matters, there is a current world shortage of the *tetravalent meningoccal vaccine* (that includes the W 135 vaccine). The cost of the vaccine is about USD 10, beyond the means of most people living in one of the poorest countries in the world. In light of the aforementioned findings by the CDC Atlanta and WHO and coupled by the lack of the W 135 vaccine, the MoH has suspended mass vaccination against the A and C variants. If caught early the disease is receptive to treatment by injections of an oil-based chloramphenicol antibiotic. Therefore, the MoH is now focusing its resources towards early diagnosis and treatment of those already affected. However, chloramphenicol is also in short supply. Fearing the spread of the epidemic, neighboring countries are hesitant to supply Burkina Faso from their stocks of the medication. Thus far, 10,000 doses have been administered with another 15,000 remaining in stock. The MoH estimates that another 10,000 doses will be required.

According to medical experts, ubiquitous air born dust during the dry season is in great part responsible for the spread of the disease. Previously, with the onset of the rainy season, the number of cases diminished however, at this time of the year the case load continues to rise in southern districts even with onset of rain. Current dust storms in the capital, Ouagadougou, and other regions serve to exacerbate an already serious epidemiological disaster. If the current epidemic continues unchecked, epidemiological trends indicate that up to 25,000 people could become infected.



Burkina Faso Red Cross volunteer, Apollinaire Ouedraogo, comforts a young girl stricken by meningitis at the Paul IV Health Center in a northern district of Ouagadougou.

## ***The Needs***

### **Immediate Needs •**

CHF 100,000 has been allocated from the Disaster Relief Emergency Fund (DREF) to immediately begin the operation. In order to effectively stem the rise and limit the number of victims of the epidemic, the Burkina Faso Red Cross Society (BFRCS) urgently requires the following items:

ITEMS	AMOUNT
Vials of chloramphenicol	5,000
Information leaflets	1,500
Posters	500
Fuel for vehicle	400 liters
Beds	30
Tents	5
Loudspeaker batteries	112
Notebooks	1,000
Pens	1,000

## ***The Proposed Operation***

### **Objectives and Activities planned •**

In response to the current meningitis epidemic, beginning 15 April and over a period of three weeks, the Burkina Faso Red Cross Society will undertake a social mobilization and awareness campaign. The operation will involve 1,000 volunteers which will cover 14 of the most affected districts targeting an estimated 1,900,000 people. The main objective of the campaign is to provide the general population with the information for early self-diagnosis of the disease, and to encourage those suspected of being ill to seek immediate medical attention thus improving the odds of their recovery and survival. A secondary objective of the campaign is to assist the MoH in controlling and eventually stopping the epidemic.

## Health •

**Objective 1: Awareness and Social Mobilization:** *To make 1,900,000 people aware of the epidemic, the symptoms of the disease and what actions to take as a consequence.*

Approximately 1,000 Red Cross volunteers will follow a refresher course by the local district medical officer on meningitis and in particular the W 135 strain. 1,500 leaflets have been printed on meningitis in the country's three major languages (More, Foulfoulde, and Dioula) which will be given to the volunteers to use as reference material when in the field. The leaflets contain information on meningitis and its symptoms, the meaning of an epidemic as it refers to this particular disease, different causative agents of the disease, and when to vaccinate against it. Furthermore, 500 posters will be printed providing important messages about the disease such as its symptoms and the need to seek medical treatment when those symptoms occur. These posters will be posted by volunteers in public places such as markets.

Beginning 15 April and over a period of three weeks, 1,000 Red Cross volunteers will undertake a social mobilization and awareness campaign to combat the meningitis epidemic. The teams will cover 14 of the most affected districts targeting an estimated 1,900,000 people.

In line with the MoH and WHO directive to reduce the possibility of infection mortality rates, volunteers will provide three main instructions to beneficiaries; people who develop a fever and headache (some of the first signs of infection) will be encouraged to seek free medical treatment at their nearest health center; individuals will be asked to limit contact with those already infected, and contact during ceremonial burial rites with those known to be deceased as a result of the disease will be strongly discouraged in favor of a quick burial.

Each morning volunteers will congregate for a head count. Bicycles and loudspeakers employed in a recent measles campaign will be used by volunteers to cover more ground and reach more people. In addition to individual households, public places will frequented by volunteers as well.

**Objective 2: Epidemiological surveillance:** *To assist health authorities in keeping track of the meningitis epidemic.*

Volunteers will document any suspected cases of meningitis encountered in the field on a daily basis. Every second day they will meet with the district health officer to report their findings who will then transmit this data to the MoH.

**Objective 3: Coordination and Advocacy:** *To lobby community leaders involving them in the awareness campaign.*

As a result of the excellent work performed by the BFRCS during the recent measles national immunisation days, the MoH has given the national society the mandate to lobby community leaders in the awareness campaign. Members of local branches will contact religious and community leaders to explain to them that the epidemic is in good part due to the W135 strain, and that previous vaccination does not protect people from this variant of the disease. Community leaders will be asked to disseminate this information and advocate by encouraging people who exhibit telltale symptoms to seek free consultation and if necessary treatment at their local health center.

**Objective 4: Auxiliary support and government response:** *To assist the MoH with treating those already infected.*

The BFRCS will assist the MoH in responding to the epidemic by providing 5 000 vials of chloramphenicol antibiotic to complete their stock of medicines. Tents will be donated to health centers which are currently filled to capacity. Health centers will also be provided with an additional 30 beds for patients under treatment.

## National Society Capacity Building •

The proposed operation will permit the BFRCS to gain valuable experience in the logistics involved in undertaking an emergency operation on a national scale, thus increasing their capacity for future social mobilisation and awareness campaigns. The campaign will encourage increased contact and coordination between individual branches and the national head quarters. Furthermore, as a result of co-ordination with government bodies and other international agencies it will increase the BFRCS profile as a major player in the country's humanitarian arena. Finally, the operation will serve to reinforce a positive image of the Red Cross amongst the general population, facilitating future operations.

**Co-ordination •**

The government has formed an interagency coordination commission which meets weekly and includes the MoH, Ministry of the Interior, Ministry of Defense, WHO, UNICEF, CDC Atlanta, MSF, Italian Cooperation Agency, Agence Cooperative Francais, and other local NGOs. To better co-ordinate efforts, the MoH has created four technical subcommittees: strategic coordination, social mobilisation, epidemiological surveillance, and fundraising and logistics. The BFRCS is a member of the strategic coordination and social mobilisation subcommittees. The MoH has opened wards in health centers where treatment is given free of charge. The WHO has provided experts to supervise the work of health professionals, to collect data and collect samples for laboratory testing. Furthermore, WHO has provided 25,000 doses of W 135 vaccine for health workers. The Agence Cooperative Francais has donated various medical materials for hospitals and MSF is running a treatment center in Ouagadougou.

**Monitoring and Evaluation •**

The operation will be technically monitored by the BFRCS health officer in co-operation with the MoH. A member of the West African Surveillance Team will be sent to Burkina Faso to assist and help build the capacity of the BFRCS Health Officer, and to reinforce co-operation with aforementioned partners.

Upon completion of the operation, an evaluation will be conducted by the BFRCS with the help of the regional delegation. The aim of the evaluation will be to draw on lessons learned from the response to the epidemic.

**Capacity of the National Society •**

With over 20,000 volunteers, the Burkina Faso Red Cross is one of the strongest national societies in West Africa. Over the years volunteers and BFRCS staff alike have acquired much experience gained from previous operations which addressed disasters ranging from earlier meningitis epidemics, droughts, floods, and most recently a very successful social mobilisation campaign for measles vaccination.

## ***Budget summary***

See Annex 1 for budget details.

*For further details please contact: Anne Kirsti Vartdal; Federation Desk Officer, Phone: 41 22 730 4 485; Fax: 41 22 733 0395; email: vartdal@ifrc.org.*

*All International Federation Assistance Operations seek to adhere to the Code of Conduct and are committed to the Humanitarian Charter and Minimum Standards in Disaster Response (SPHERE Project) in delivering assistance to the most vulnerable.*

*In line with the Minimum Reporting Standards, the first operations update on this appeal will be issued within 30-days of the launch and the second will be issued over the course of the operation; a final narrative and financial report will be issued no later than 90 days after the end of the operation.*

*This operation seeks to administer to the immediate requirements of the victims of this disaster. Subsequent operations to promote sustainable development or longer-term capacity building will require additional support and these programmes are outlined on the Federation website.*

*For support to or for further information concerning Federation operations in this or other countries, please access the Federation website at <http://www.ifrc.org>*

Jean Ayoub  
Director

Didier J. Cherpitel  
Secretary General

## Disaster Management and Coordination

		ANNEX 1
<b><u>BUDGET SUMMARY</u></b>	APPEAL No. 09/2002	
<b>Burkina Faso - meningitis</b>		
TYPE	VALUE	
<b>RELIEF NEEDS</b>	IN CHF	
5 Tents	5'000	
Medical & first aid	9'000	
Utensils & tools	3'000	
<b>TOTAL RELIEF NEEDS</b>		17'000
<b><u>PROGRAMME SUPPORT</u></b>		
Programme management	7'000	
Technical support	2'000	
Professional services	2'000	
<b><u>TRANSPORT STORAGE &amp; VEHICLE COSTS</u></b>	4'000	
<b><u>PERSONNEL</u></b>		
Expatriate staff	9'000	
National staff	57'000	
<b><u>ADMINISTRATIVE &amp; GENERAL SERVICES</u></b>		
Information expenses	3'000	
Administrative & general expenses	2'000	
<b>TOTAL OPERATIONAL NEEDS</b>		86'000
<b>TOTAL APPEAL CASH, KIND, SERVICES</b>		103'000