

# DREF bulletin update



International Federation  
of Red Cross and Red Crescent Societies

## Gabon: Chikungunya Virus in Libreville

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**Period covered by this Update:** 18 May to 16 August 2007

**Summary:** CHF 40,000 was allocated from the Federation's Disaster Relief Emergency Fund (DREF) on 15 May 2007 to respond to the needs of this operation.

This update provides a brief account of the operation's achievements to date. The operation was expected to be implemented for three months and completed by the end of August 2007. However, activities are continuing in the field due to fears that the epidemic might re-emerge with the onset of the rainy season.

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Gabonese Red Cross Society volunteers have conducted clean-up exercises to eliminate mosquito breeding spots.

### Background and situation

On 10 May 2007, the Government of Gabon declared a Chikungunya epidemic in the country. By then, the disease had mostly affected Libreville (the capital) and Owendo for one month. The epidemic was confirmed following tests conducted by several Europe-based laboratories; tests on samples revealed that the 'unfamiliar' disease recorded in the areas was caused by the Chikungunya virus. There were concerns that if action was not taken urgently, the larger population of Libreville and surrounding localities would be at risk of being infected.

The government put into place a response mechanism in Libreville and Owendo by establishing a multidisciplinary unit – of which the Gabonese Red Cross Society is a member – to manage the epidemic, under the coordination of the Ministry of Health (MoH). The main objective of the unit was to contribute to the response to the epidemic, specifically by diffusing messages on prevention of Chikungunya and sensitizing the populations to participate in the destruction of mosquito breeding places and conducting environmental clean up activities.

### Red Cross and Red Crescent action

The Gabonese Red Cross Society (GRCS) was requested by the MoH to handle the social mobilization aspect of the intervention. To enable the National Society to effectively play its role as an auxiliary to government, the International Federation's Central Africa sub-office in Yaoundé provided technical support while CHF 40,000 was allocated from the Disaster Relief Emergency Fund (DREF) in support of the Red Cross intervention.

## Objectives, progress and impact and challenges

**Goal:** Improve the health condition of the populations that are exposed to the chikungunya virus.

**Objective 1:** To sensitize the populations to the signs and symptoms of chikungunya, and encourage them to go to the nearest health centre.

**Objective 2:** To promote individual and environmental hygiene in order to stop the chikungunya transmission chain.

### Achievements:

**Expected result 1:** By the end of the operation, Red Cross volunteers have become community watchers animating an early alert system.



Red Cross volunteers sprayed houses in affected areas to eliminate mosquitoes.

So far, 100 Red Cross volunteers have been trained on hygiene and sanitation focusing on Chikungunya. The volunteers have been deployed in Libreville and Owendo where they are sensitizing the populations about Chikungunya. The volunteers have been submitting daily reports of activities.

**Expected result 2:** By the end of the operation, Red Cross volunteers have become liaison officers between health centres and the community to ensure prevention.

Red Cross volunteers have conducted sensitization campaigns in Libreville and Owendo and referred 5,000 people to various health centres.

**Expected result 3:** By the end of the operation, Red Cross volunteers have become a communication channel between the community, the Red Cross and authorities.

**Expected result 4:** 80% of the population knows the signs and symptoms of chikungunya and rush to the nearest health centre after the first alert.

The Red Cross contributed to designing and distributing posters and folders on Chikungunya using the media and the door-to-door approach. Due to the sensitization efforts of the Red Cross, the populations are now informed about Chikungunya and are participating in the response. Concretely, Red Cross volunteers visited 2,094 houses and sensitized 3,672 families, an additional 39,415 persons and 6 religious groups. They also referred over 5,000 persons to health centres.

**Expected result 5:** 80% of the population observes simple individual and environmental hygiene rules, and knows how to destroy larva breeding places.

The populations in Libreville and Owendo have been sensitized to the need of keeping their environment clean and are currently carrying out clean up activities with the support of Red Cross volunteers. Most mosquito breeding places have been identified and destroyed; 6,173 rooms, 2,480 houses and 346 breeding places have been sprayed.

### Impact

The epidemiological surveillance teams set up to monitor the situation reported that 17,900 cases of chikungunya had been registered by 1 July 2007, out of which 822 had been hospitalized. The percentage of suspected cases decreased from 39 per cent in May 2007 to 15 per cent in late June 2007.

Thanks to the sensitization work carried out by the Red Cross, the number of cases referred to health centres has increased substantially. The increase implies that many people are now able to identify the signs and symptoms of the disease and seek immediate medical assistance.

### Challenge

Although the percentage of positive cases has decreased, action continues in the field because there are fears that the epidemic might re-emerge with the onset of the rains.

## Coordination and partnerships

The GRCS has actively participated in coordination meetings and contributed to the development of an emergency plan to manage the crisis. As a member of the government-appointed multidisciplinary unit, the National Society has been working closely with the MoH and other partners. The unit has been coordinating epidemiological surveillance, laboratory tests, treatment of identified cases, hygiene and sanitation activities and social mobilization.

In addition to the government and the Red Cross, the World Health Organization (WHO) has been a major actor in the response to chikungunya. Besides providing technical support and drugs to facilitate the management of the epidemic, WHO has been active in epidemiological surveillance, treatment, laboratory tests and destruction of mosquito breeding places.

### How we work

*All International Federation assistance seeks to adhere to the [Code of Conduct for the International Red Cross and Red Crescent Movement and Non-Governmental Organizations \(NGO's\) in Disaster Relief](#) and is committed to the [Humanitarian Charter and Minimum Standards in Disaster Response \(Sphere\)](#) in delivering assistance to the most vulnerable.*

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The International Federation's activities are aligned with its Global Agenda, which sets out four broad goals to meet the Federation's mission to "improve the lives of vulnerable people by mobilizing the power of humanity".

#### Global Agenda Goals:

- Reduce the numbers of deaths, injuries and impact from disasters.
- Reduce the number of deaths, illnesses and impact from diseases and public health emergencies.
- Increase local community, civil society and Red Cross Red Crescent capacity to address the most urgent situations of vulnerability.
- Reduce intolerance, discrimination and social exclusion and promote respect for diversity and human dignity.

### Contact information

**For further information specifically related to this operation please contact:**

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