Concurrent Measles and Rubella Outbreaks in Transit Camps in Cote D’Ivoire
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Background: Measles still remains an important cause of morbidity and mortality among children in many developing countries, especially in refugee settings where fatality rates as high as 33% have been documented. From January to April 2004, concurrent measles and rubella outbreaks had occurred in four transit camps hosting 2,767 Liberian refugees in Cote d’Ivoire.

Methods: Patients meeting the case-definition (rash and fever > 38°C) were detected actively. Blood sample were collected for measles and rubella IgM antibody confirmation.

Results: Sixty rash and fever cases were identified. During weeks 8 to 13, measles IgM testing had resulted in 61.1% positive tests. The highest incidence (18.5%) was observed in children below 9 months. Ninety-three percent of children aged between 6 months and 12 years received a measles vaccination but the rash and fever cases continued to occur. This prompted a systematic test for both measles and rubella IgM antibodies. Rubella IgM testing had resulted in 74.0% positive tests. The highest incidence (3.88%) was found in children between 5–15 years. Supplemental immunization with a measles-mumps-rubella (MMR) vaccine was conducted, following which, no fever and rash cases were documented.

Conclusions: This study indicates the importance of an early serological testing for measles and rubella together or the use of the MMR vaccine rather than only measles vaccine in disasters settings. Good management of surveillance data will be an asset for effective immunization strategies in refugee settings.

 doi:10.1017/S1049023X11001890
Prehosp Disaster Med 2011;26(Suppl. 1):s54

Displaced Voices": Are those Displaced by War Satisfied with the Provision and Quality of Health Care they Received?
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Research into how war-displaced communities value or prioritize aid response is limited. A clearer conceptualization of what affected populations seek from the international humanitarian response to their needs would be valuable in planning for emergencies.

Aim: Exploring internally displaced person’s (IDP) experiences and perceptions of the humanitarian response, with a focus on health risks, resources, and health services received during their displacement.

Methods: A mixed-method approach using both quantitative and qualitative methods was used. This study assessed the perceptions of IDPs on provision of health and other services using an interviewer-administered-questionnaire (survey) using a sample frame that included the entire displaced population of 150,000 IDPs living in 97 camps. Findings from the survey were synthesized with the key themes that emerged through the qualitative methodology. In-depth interviews were conducted with health cluster actors. An innovative child-to-child (CTC) based research methodology was used to ascertain the insights and perceptions of displaced children and adolescents.

Results: The survey revealed community satisfaction with health care services immediately after displacement (within IDP camps) improved considerably from 63% to 80% (6 months after the acute phase). Significant gains also were registered.