



General Country Information:

The Republic of Senegal is located south of the Senegal River in western Africa. Senegal is bordering the Atlantic Ocean to the west, Mauritania to the north, Mali to the east, and Guinea and Guinea-Bissau to the south.

Senegal became independent from France in 1960. In 1982, Senegal joined with Gambia to form the nominal confederation of Senegambia, but the foreseen integration of these two countries was never carried out, and the union was dissolved in 1989.

Senegal remains one of the most stable countries in Africa, in spite of internal turmoils in Casamance where since 1982 a separatist group (Movement for the Democratic Forces of the Casamance) and government forces regularly clash. Furthermore, Senegal has a long history of participating in international peacekeeping. Economically Senegal made an important turnaround, during 1995-2001, with real growth in GDP averaging 5 % annually. Senegal exports mainly: fish, groundnuts (peanuts), petroleum products, phosphates and cotton.

Cholera Background History:

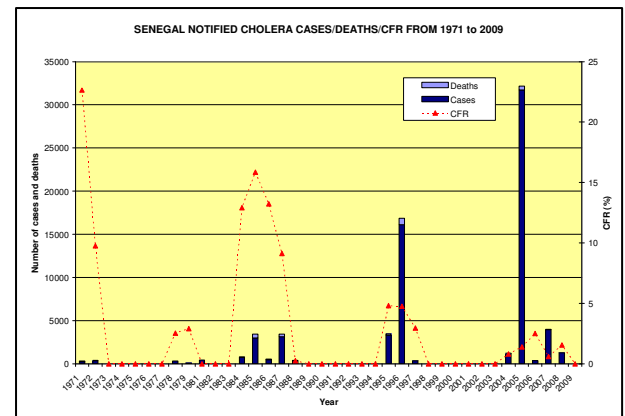
The first cases of cholera were reported in 1971-1972 (644 cases) when the current pandemic hit the African continent. Since then, Senegal experienced five episodes of cholera in the following years: 1978-1981, 1984-1987, 1995-1997, 2004-2005 and 2006.

From 1984 to 1987, we note a very high case fatality rate (CFR), averaging between 9 and 16%. The CFR then diminished to a 5% average in the mid-nineties.

The 1995-1997 outbreak accounted for 19 810 cases and in 1996, Senegal reported the most cholera cases out of all African countries: 16107 cases with 765 deaths (CFR 4.74%)

2005:

The outbreak of cholera affecting Senegal in 2005 was part of the significant series of outbreaks in west Africa which affected 14 countries and accounted for 58% of all cholera cases reported worldwide.



From 1 January to 23 March 2005, the Ministry of Health reported a total of 2054 cases and 8 deaths in Touba, Mbacké and Bambey districts of Diourbel region. The sufi pilgrimage that takes place annually in the holy city of Touba (centre) and attracts between one and two million people from all over Senegal and beyond, may have accounted for the high increase in cases in these districts. The outbreak appeared to be extending to other regions as well and reached its highest peak between 28 March and 3 April with a weekly incidence of 3500 cases. After a decline to a weekly incidence of below 800 cases, there was a resurgence occurring after 15 August and directly following the devastating floods which affected mainly the region of Dakar. By the end of December 2005, the total number of cases was 31719 with 458 deaths (CFR of 1.44%) The most affected regions were Diourbel and Dakar.

2006:

The first cases in 2006, were reported on 16 October and as of 10 December, the Ministry of Health reported a total of 331 cases and 6 deaths (CFR 1.8%). Out of all cases, 268 occurred in Diourbel region. After reaching a peak between 6 and 12 November, the outbreak seemed to be declining and was brought under control by the end of the year, (for 2006, Niger reported a total of 365 cases and 10 deaths, CFR 2.74%). Prepositioning of diarrhoeal disease kits has occurred in order to be prepared for a possible future resurgence.

2007:

In 2007, Senegal was affected by two outbreaks. The first one started on 19 February and was to last until 8 July affecting 1071 people including 7 deaths (CFR 0.6%). The second one started on 13 August with 2093 cases including 12 deaths recorded as of 21 October in 5 regions: Dakar, Diourbel, Fatick, Kolda, Louga, Mbacké and Touba. The peak of the outbreak was reached between 8 and 14 October with a weekly number of cases of 575 and 4 deaths. The overall CFR remained low for both outbreaks (0.6%).

2008:

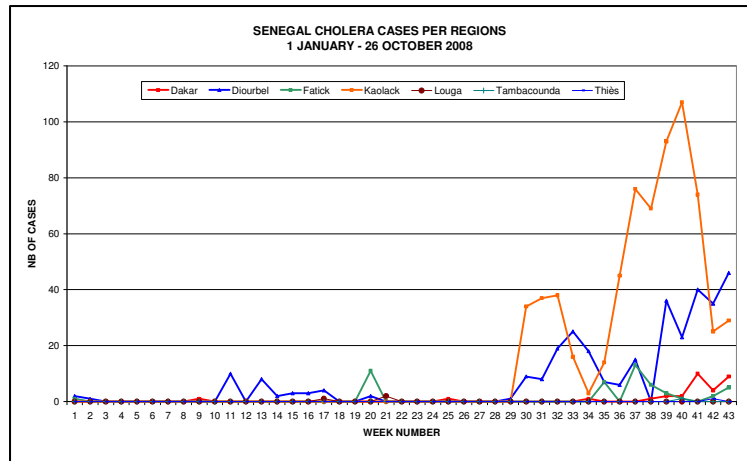
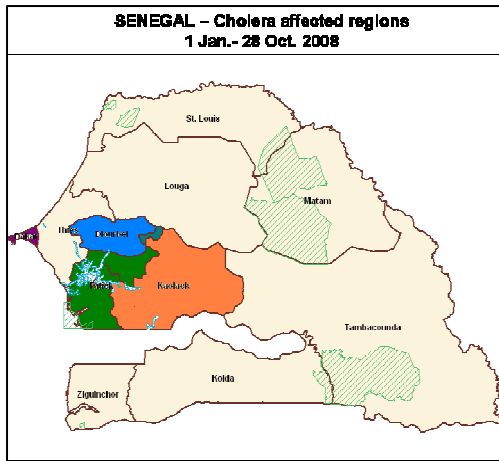
In 2008, Senegal recorded a total of 1283 cases, incl. 20 deaths (CFR 1.56%). Sporadic cases occurred in Diourbel between March and May 2008. An increase in the reported cases following flooding started mid-July in the regions of Diourbel, Kaolack and at the end of August in Fatick. The peak was reached between the end of September and the beginning of October with 134 cases being reported nationwide for 2 consecutive weeks. The most affected region was Kaolack with 660 cases followed by Diourbel with 323 cases.

2009-2010:

In 2009, Senegal reported 4 cases with no death. In 2010, up to 18 July, no cases were reported.



CHOLERA COUNTRY PROFILE: SENEGAL



WHO Support Actions:

- 2008: WHO provided technical support. Emergency Plan (ORSEC) was launched
- 2007: 200 000 Euros were allocated to WHO by Grand Duché du Luxembourg for the fight against diarrhoeal diseases in the regions of Louga, St Louis and Matam.
- 2007: Support for community actions at district level.
- 2005: WHO Regional Office for Africa and Country Office have provided medicines and equipment worth over 8 million CFA to the Ministry of Health to help control the outbreak. These include disinfectants, antibiotics and oral rehydration packets.

Demographic and Socio-Economic Data:

Geography	Total surface	196 190 km ²
	Capital	Dakar
	Regions	11 in total: Dakar, Diourbel, Fatick, Kaolack, Kolda, Louga, Matam, Saint-Louis, Tambaounda, Thies, Ziguinchor
	Official language	French is the official language, other languages spoken: Wolof, Fulani, Jola, Malinke
Environment	Climate	Tropical: hot and humid
	Rainy season	From May to November, with strong southeast winds
	Dry Season	From December to April, dominated by hot, dry, harmattan wind
	Floods and droughts	Lowlands seasonally flooded; periodic droughts
Demographics	Population	11 658 000
	Religions	94% Muslim, 5% Christian, 1% indigenous religions
	Ethnic groups	43.3% Wolof, 23.8% Fulani, 14.7% Serer, 10% Toucouleur, 3.7% Jola, 3% Malinke, 1.1% Soninke, 1% European and Lebanese, other 9.4%
	Migrants (in 2005)	19 778 refugees coming from Mauritania, 17 000 internally displaced people
Economy	Industry	Agricultural and fish processing, phosphate mining, fertilizer production, petroleum refining
	Farming	Peanuts, millet, corn, rice, cotton and green vegetables
Health Indicators	Per capita total expenditure on health	58\$
	Life expectancy at birth (yrs)	Males: 54 Females: 57
	Child mortality (per 1000)	Males: 141 Females: 132
Communicable Diseases	Bacterial and protozoal diarrhea, schistosomiasis, hepatitis A, typhoid fever, dengue fever, malaria, yellow fever and meningococcal meningitis. Adults HIV prevalence rate (age 15-49): 0.9% (2003)	
Risk Factors for Cholera	Population with access to improved water source	76% (2004)
	Population with access to proper sanitation facilities	57% (2004)
	Population undernourished	23% (2001-2003)

Sources: WHO, UN (MDG), UNHCR, UNICEF, UNDP



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.