

General Country Information:

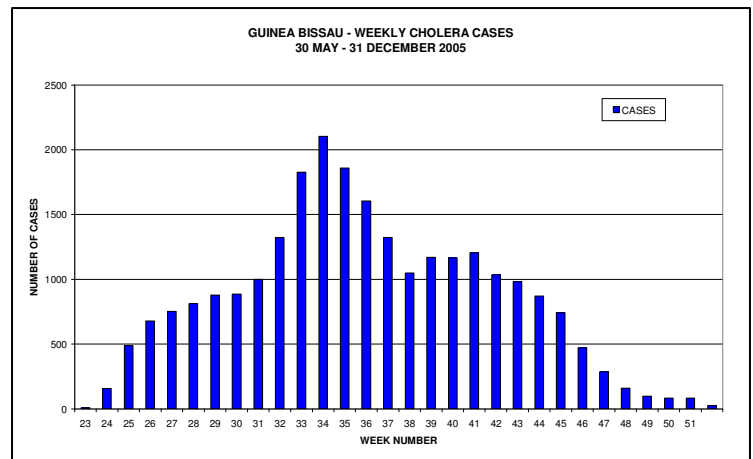
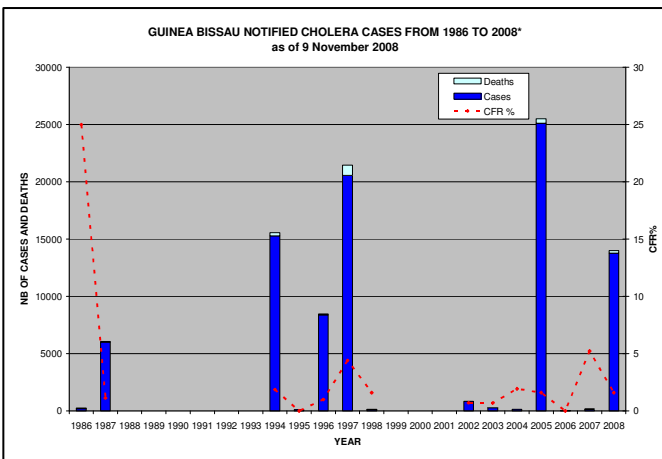
The Republic of Guinea-Bissau is located in west Africa, and borders Senegal and Guinea with a west coast along the Atlantic Ocean. Guinea-Bissau is divided in 10 regions and one autonomous sector. Bissau, the capital, is the largest city of Guinea-Bissau.

Guinea-Bissau became a Portuguese colony during the 19th century. In 1956, the African Party for the Independence of Guinea and Cape Verde consolidated rapidly its military control in the country. Independence was gained in September 1973. Between 1973 and 2005, regular turmoil lead to economic difficulties. The first presidential elections were held in June 2005.

Thirty years of political instability brought considerable damages to the country's economic infrastructure and substantially contributed to further spreading existing poverty. According to the Human Development Index, Guinea-Bissau is ranking among the poorest countries of the world (rank 175 out of 177 countries in 2008). More than two-thirds of its population lives below the poverty line making them more vulnerable to man made and natural disasters. Guinea Bissau is part of the 2005 consolidated flash appeal for cholera in West and Central Africa.

Cholera background history:

Cholera in Guinea Bissau is potentially epidemic with attack rates above 1% at national level. Data on cholera cases in Guinea Bissau were notified for the first time in 1986 when the country reported its first outbreak affecting the north of the country with 200 cases and 50 deaths. A second epidemic in late 1987 hit the capital and a total of 6,000 cases within 8 weeks were reported. A number of large outbreaks affected the country in the nineties with 15'296 cases in 1994, 8'307 cases in 1996 and 20'555 in 1997 (see graph below). In 2002 and 2004 Guinea Bissau had smaller outbreaks limited to Bissau capital and Bijagos Archipelago starting and ending during the last quarter of the respective year (outbreaks in the nineties began during the third or fourth quarter of the year and were related to the consumption of contaminated water.

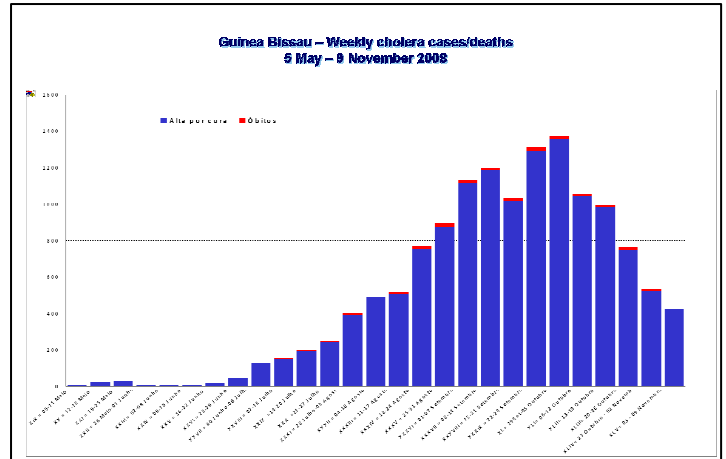
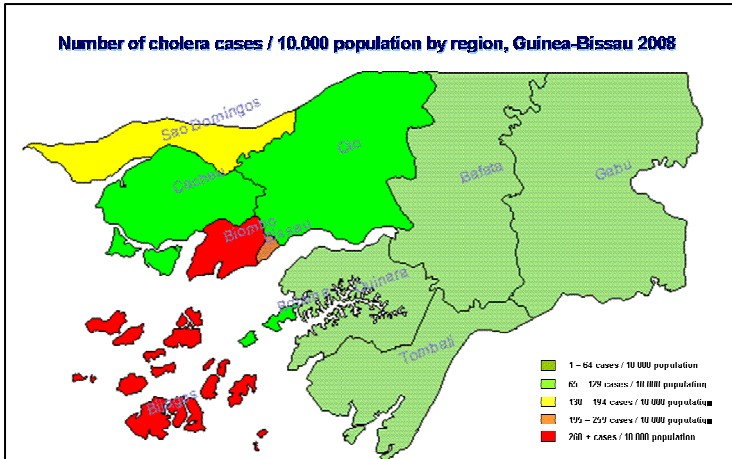


Cholera Outbreak in 2005:

In 2005 the largest outbreak affected the entire country, starting end of May (second quarter of the year and start of the rainy season) and leaving 25'111 cases and 399 deaths behind. The capital Bissau accounted for more than 14'000 cases, representing 57% of all cases with an attack rate of 3.7%. Similarly, during the 1994 outbreak more than 12'000 cases were reported from the capital, corresponding to an attack rate of 5.4 %.

Cholera Outbreak in 2008:

Since the beginning of May 2008, the country has been facing an important outbreak with 13781 cases and 221 deaths reported as of 9 November from all 11 regions. The overall case fatality case stands at 1.6%, and decreases below 1% for hospitalized cases. However, the case-fatality rate reaches 9% in remote areas. Bissau accounts for 66% of all cases and 33% of the fatalities. The highest attack rates are seen in Biombo, Bissau, Bijagos and Oio.



Support Actions in 2008:

- WHO has deployed an epidemiologist
- Médecins sans frontières (MSF-Spain) has been in charge of cholera treatment centers.
- UNICEF has provided technical expertise and material in the area of water and sanitation.
- CDC- Atlanta, together with expert team of Brazil established a rapid diagnostic test study as well as a community study (on knowledge, attitudes and practices).

Demographic and Socio-Economic Data:

Geography	Total surface Capital Provinces Official Language	36,544 km ² (350km of coastline) Bissau 8 regions and one autonomous sector* (Bafata, Biombo, Bissau*, Bolama, Cacheu, Gabu, Oio, Quinara, Tombali) Portuguese (spoken by only 14% of the population)
Environment	Climate Rainy season Floods and droughts Desertification Natural resources	Tropical (hot and humid) June to October (monsoon like) November to May yes fish, timber, phosphates, bauxite, clay, granite, limestone, unexploited deposits of petroleum
Demographics	Population Religions Ethnic groups Migrants	1 586 000 (July 2005) 50% Muslim, 10% Christian, 40% indigenous religions 30% Balanta, 20% Fula, 14% Manjaca, 13% Mandinga, 7% Papel, less than 1% European and mulatto Not significant since April 2006
Economy	Industry Farming	Agricultural products processing, beer, soft drinks Rice, corn, beans, cassava (tapioca), cashew nuts, peanuts, palm kernels, cotton, timber; fish
Health Indicators	Per capita total expenditure on health (US\$) Life expectancy birth (yrs) Child mortality (per 1000) Number of physicians	10 (2005) Males: 46 Females: 51 (2006) Males: 220 Females: 179 (2006) 188 (2004), 1MD per 8436 hab.
Communicable Diseases	<i>Food or waterborne diseases:</i> bacterial and protozoal diarrhea, hepatitis A, and typhoid fever <i>Vectorborne diseases:</i> malaria and yellow fever <i>Water contact disease:</i> schistosomiasis <i>Respiratory disease:</i> meningococcal meningitis (2008) HIV prevalence (2005): 3.4%	
Risk Factors for Cholera	Population with access to improved water source (2006) Population with access to proper sanitation facilities (2006) Chronic Malnutrition (2002/2004)	rural: 47%, urban: 82% rural: 26%, urban: 48% 39%

Sources for Document: WHO, IDMC, UNHCR, UNDP



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