



HEPATITIS E OUTBREAK IN BORNO STATE

Weekly Situation Report No.4: 21 July 2017

Borno State Ministry of Health



Highlights

- ✓ The number of cases of hepatitis E are still increasing in Ngala (471 cases) and Damasak (57 cases) compared to the previous week.
- ✓ A total number of 42 samples were positive out of 66 (64%) as of 7 July. Results are still pending for 165 samples
- ✓ Water, Sanitation, and Hygiene (WASH) and social mobilization activities still needs to be further sustained in Ngala with the support of partners,
- ✓ Three deaths reported from suspected Hepatitis E (HEV) patient respectively in Damasak, Mafa and Ngala.
- ✓ A WHO mission with Borno State and partners develop a health risk assessment on hepatitis e and yellow fever

Epidemiological summary:

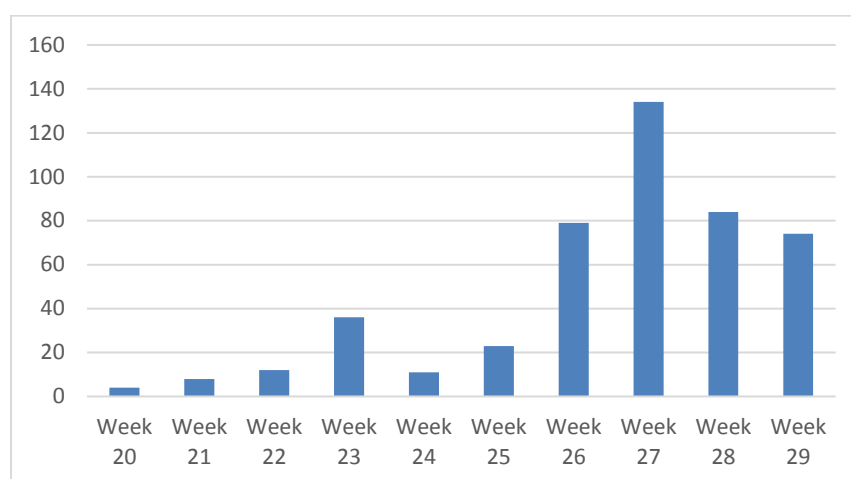
- ✓ The total number of confirmed and suspected cases reported is 562: 471 (Ngala), 57 (Mobbar), 26 (Monguno). Please note that data from Monguno has not been updated since 15 July. Two suspected cases were reported in Chibok, and one suspected case in each of the following LGAs: Askira Uba, Bayo, Dikwa, Gubio, Mafa, and Maiduguri.
- ✓ Six deaths were reported among acute jaundice cases; four in Ngala, one in Damasak, and one in Mafa.
- ✓ As of 21st July the number of pregnant women among suspected hepatitis E cases was:
 - In Ngala: 47 (8%) including four deaths (CFR = 8.5%)
 - In Damasak: one
 - In Monguno: 4 (15%)
- ✓ A total number of 252 samples were collected so far and 64 tested. A total number of 42 samples were positive out of 66 (64%).

Table 1: Number of cases, deaths and laboratory diagnosis of Hepatitis E cases as of 21 July 2017

SN	Description	Ngala	Mobbar	Monguno	Other LGAs	Total
Cases						
1	Total cases (suspected + confirmed)	471	57	26	8	562
2	Total Laboratory confirmed	28	8	3	0	39
Deaths						
4	Total deaths in confirmed cases	-	0	0	0	0
5	Total deaths in suspected cases	4	1	0	1	6
6	Total Deaths	4	1	0	1	6
Laboratory						
7	Number of specimen pending	120	47	15	7	189
8	Total specimen tested positive	30	9	3	-	42
9	Total specimen tested negative	14	5	4	1	24
10	Total specimens collected	162	60	22	8	252

The number of acute jaundice cases was the highest in Ngala (471 cases) with 134 cases reported in Epidemiological Week 27 (Figure 1). The number of hepatitis E cases peaked in Mobbar in Epi Week 26 & 27 (12 cases), and in Monguno (8 cases) in Epi Week 28.

Figure 1: : Number of Hepatitis E cases reported weekly in Ngala LGA



Response:

Coordination

- ✓ Training of Local Government Area-based (LGA) Rapid Response Team for 11 LGAs of Northern Borno
- ✓ In Ngala and Monguno the LGA/State RRT are expected on ground
- ✓ A cross country border (Niger, Chad, Cameroon & Nigeria) teleconference took place 18 July to increase coordination, sharing of information and possible further common interventions
- ✓ Meeting with the RRT, camp chairman, representative of the Bulamas and women association on 21 July:
 - presentation and distribution of posters (Hausa, Kanuri and English) to be shared in the 4 sections of the community,
 - Cleaning day to take place on Saturdays,
 - Explained the blood samples are used for medical purpose only, no other use of the blood.
- ✓ In Monguno, follow up meetings are planned to discuss the status of the outbreak among the LGA and partners. The LGA RRT meeting is planned to hold on the 25th of July 2017 and the coordination meeting among implementation partners is planned to be held on the 27th of July 2017.

Case Management

- ✓ In Ngala, MSF-Swiss has completed an isolation unit for pregnant women and newborns with HEV. UNICEF and FHI 360 clinics are managing the increasing caseload of HEV infected patients.
- ✓ Case management training is planned for clinicians
- ✓ Generally, health workers in the LGA are more aware of the outbreak and have a high index of suspicion
- ✓ Majority of fever-jaundice syndrome cases are asymptomatic. Only few have significant clinical problems requiring admission. Most sites report only 1-2 deaths since beginning of outbreak in June. Community does not perceive it to be a significant problem and challenges experienced by community health workers in persuading them to come to clinic.
- ✓ In those with clinical problems requiring admission - Main complications are sepsis, bleeding and coma; and in pregnant women, complications of stillborn and post-partum haemorrhage.
- ✓ Background of malnutrition is significant comorbidity in patients with HEV.
- ✓ Challenge with pregnant women is that 60% of deliveries are outside health facility and women often only present to health facility post-delivery with complications.
- ✓ Need for drugs to be provided to the health facility supported by UNICEF.

Surveillance

- ✓ A case reporting system has been set up with all three facilities (MSF, UNICEF, and FHI 360 Clinic) in Ngala IDP camp, through partners.
- ✓ In Gamboru, thirteen (13) suspect HEV (jaundice) cases reported over the last 2 weeks (5 samples collected). One case is suspected to have returned to Futokol, Cameroon.
- ✓ In Monguno, surveillance activities have been significantly intensified in the health facilities visited (Waterboard PHC, Kuya, IRC GGSS and UNICEF GSSS) following the sensitization of surveillance focal points in LGA. Active case search is ongoing in all health facilities in the LGA. A member of the surveillance network conducts at least two visits per week.
- ✓ In Damasak, continuous case search in the HFs and communities.

Laboratory

- ✓ 189 specimen collected are pending for testing and results have been pending since 7 July
- ✓ 66 specimen were collected.
- ✓ The LUTH laboratory has run out of reagents, but will be procured.
- ✓ Yellow Fever specimen originally diagnosed positive by PCR tested Negative in the regional reference laboratory in Dakar.

Risk Communication and Social Mobilization

- ✓ Surveillance posters for Hepatitis E were distributed to all the health facilities in the affected LGA. They are in three languages (English, Hausa and Kanuri) and carry information about ways to prevent the spread of the disease.

WASH/BOSEPA Response

In Ngala,

- ✓ Construction of 200 latrines and 100 showers at Ngala International School Camp where currently the Bulamas and Camp Chairman and Community Volunteers are engaged in identifying available space for latrine construction.
- ✓ Rehabilitation of two water points at Ngala International school camp and one water point at Arabic School IDP camp.
- ✓ Daily general camp clean up by Community members with supervision from Community Volunteers and FHI360 WASH staff.
- ✓ Daily clearing of the drainage channels in the camp by FHI360 Community Volunteers
- ✓ There is ongoing day-to-day hygiene promotion by 80 Community Volunteers with messages focused on Hep E.
- ✓ Community members together with Community volunteers have constructed three waste collection pits within the camp for waste disposal, which are currently in use by community members.
- ✓ Distribution of 600 hygiene kits to pregnant women in Ngala International School IDP camp.
- ✓ Training of 80 Community volunteers (40 FHI360 and 40 Oxfam) on Hep E specific messages.
- ✓ Trained of 15 Chlorinators on water points chlorination
- ✓ Distribution of 2,000 hygiene kits (Soaps, Aquatab and sanitary pads) to households
- ✓ IOM continues with construction of latrines and showers at international School IDP

Challenges

- ✓ Poor security access in the high risk LGAs.
- ✓ Flooding and heavy rainfall preventing conduct of activities in Ngala.
- ✓ Gamboru MCH facility grounds flooded with stagnant water.
- ✓ Accommodation to be found for the RRT.
- ✓ Limited number of LGA PHC staff needed for social mobilization and risk communication and improved coordination of WASH activities.

Action points

- ✓ **Organized team to be based in Ngala:**
 - LGA DSNOs, LIO, PHC coordinator, Health educator, clinician, nurse , midwife, CHEW, environmental health officer, veterinary,
 - State RRT: Dir. of Disease Control (IM), State laboratory focal person, RUWASSA, State health educ., BOSEPA (environmental officer)
- ✓ **SEMA:** decongestion of shelters
- ✓ **WASH:**
 - Treatment of water sources ongoing/provision of potable water
 - Hygiene promotion ongoing
 - Drainage to be opened (end point to be identified) through community effort +/- motivation, providing tools: ongoing
 - Sludge management: permanent disposal site, specific effort to be done. BOSEPA starts with Monguno, Ngala
 - Cleaning of the environment on Saturdays
 - Advocacy to the director of RUWASA to construct a borehole in Ngala
 - To identify partners to clean/drain the Gamboru MCH grounds stagnant water
- ✓ Social mobilization and health promotion:
 - IEC material needs to be revised
 - Group education (RRT)
 - Setting up of a risk communication group.
- ✓ Case management
 - Case management protocol available through WHO,
 - Government Health Personnel to be deployed
 - Planning of onsite training for clinicians.
- ✓ **Surveillance :**
 - Provision of data collection tools
 - Continue to strengthen surveillance (including community based surveillance)
 - Strengthen and monitor cross border surveillance activities:
 - Establish a regular check-up medical border team
 - Educate border military, customs and immigration authorities. Continue to raise awareness of jaundice and HEV
 - Strengthen involvement of the population, community and religious leaders at the border
 - Strengthen and establish a regular and direct communication and coordination with Cameroon and Niger

