

Nigeria – North-East Flash Update No. 2 – Cholera Outbreak 6 September 2017



A cholera outbreak has been reported in Borno State, northeastern Nigeria, by the State Ministry of Health. The first case was recorded on 16 August 2017.

Over 530 suspected cases had been registered as of 5 September 2017, including 23 deaths (4.3 per cent fatality rate), mainly in Muna Garage, a camp hosting about 20,000 internally displaced persons on the outskirts of the state capital Maiduguri.

Although most cases have been identified in Muna Garage camp, others have been identified in Custom House, Ruwan Zafi and Bolori II, all camps located near Muna Garage. There have also been reports of a suspected cholera outbreak in Monguno and Dikwa Local Government Areas (LGAs), northeast and east of Maiduguri, respectively.

The Response

The State Ministry of Health, the Rural Water and Sanitation Agency and humanitarian organisations, including UN agencies, are responding to the outbreak. An Emergency Operational Centre has been set up to manage the response, which to date includes:

- The State Ministry of Health has established one 30-bed Cholera Treatment Center (CTC) with the support of humanitarian partners in Muna Garage camp.
- Two Oral Rehydration Points (ORP) have been set up in Muna Garage, and another is planned.
- Health organisations are also carrying out risk communications, which include making regular and frequent visits to households to encourage individuals with cholera-like symptoms to be screened. By communicating at household level in this way, health partners have visited more than 1,300 households which resulted in the identification of 53 suspected cases of cholera.
- Hygiene promoters have carried out door to door hygiene sensitization and have distributed chlorination tablets. In addition, special interventions are being undertaken to prevent spread of cholera in the markets where people buy food. Humanitarian organisations have also repaired water points, distributed hygiene kits, carried out the water chlorination of water points and pumping units, and completed disinfection spraying of shelters and latrines. Additional activities include soap distribution, and testing for Free Residual Chlorine at household level.
- In terms of sanitation, humanitarian organisations are working to dislodge latrines and repair damaged latrines.
- Sensitization is also being carried out through radio messages in three languages, with the involvement and guidance of traditional leaders.

Cholera: Other Affected Areas in the Northeast

In Dikwa, about 80 km east of Maiduguri, there are also suspicions of a cholera outbreak. A total of 103 suspected cholera cases (including 17 confirmed through the rapid cholera screening test) had been reported in Dikwa's General Hospital, as of 5 September 2017. Although an outbreak has not yet been declared officially, humanitarian partners have started taking the appropriate action. A CTC has been set



up in the hospital, and an ORP will be set up in coming days. Humanitarian partners are working to dislodge latrines, drain flooded locations in the area, distribute aqua tabs and chlorinate water sources, latrines and other infection-prone sites in the area.

Key Challenges & Immediate Needs

In the immediate, the key needs and gaps include:

- Official confirmation of the cholera outbreak in Dikwa and potentially in Monguno is urgently required to ensure that a complete and coherent response is activated as soon as possible.
- Public awareness of the risk is pivotal to ensuring that all people with symptoms are quickly referred to the CTC, screened and treated. This will reduce the risk of the cholera spreading. In particular, youth and women need to be involved as social mobilizers.
- Improving the ability of families who have suffered a death-related cholera to cope is crucial. This includes assistance with decontaminating the house and the linen and ensuring the safe burial of the deceased. Religious leaders have a key role to play in this regard.
- Improving the quality and quantity of safe water supply is an immediate need and challenge.
- Boosting sanitation conditions, including improving sewage disposal and unblocking drains, is a priority. There is also a need to speed up the dislodging of full latrine pits and their decommission, the repair of latrines and the construction of new ones. The ratio of persons per latrine is still very high and the rehabilitation process is slow.
- Coordination between Health and WASH sector partners remains a challenge. Improved coordination will improve the response to the cholera outbreak. It will also enhance the efficiency of the decision-making process, for example the decision whether to carry out an oral cholera vaccination campaign in the affected areas.

Key partners involved in the response include, but are not limited to (in alphabetical order):

Catholic Relief Services - Centre for Integrated Development and Research - Danish Refugee Council - FHI 360 - International Committee of the Red Cross - International Rescue Committee - Médecins Sans Frontières – Oxfam - Rural Water and Sanitation Agency - Solidarité Internationale - State Borno Ministry of Health – The Alliance for International Medical Action - UN Children’s Agency - UN Office for the Coordination of Humanitarian Affairs - World Health Organisation

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