



Borno State Ministry of Health

Cholera Outbreak Situation Report No.7 10th October 2021

Highlights:

- 264 suspected cases reported
- 18 associated deaths were reported within the week.

Suspected Cases	Deaths (Associated)	Case Fatality Ratio (%)	Total LGAs
264	18	6.8%	7

Table 1: Summary of current Epi week 40 (4th – 10th October 2021)

Suspected Cases	Deaths (Associated)	Case Fatality Ratio (%)	LGAs Reporting
2,144	125	5.8%	16

Table 2: Cumulative Epidemiological Summary week 1-40, 2021

The total number of suspected cholera cases reported as at 10th October 2021 stands at 2,144 with 125 associated deaths, (CFR – 5.8%). 1,003 cases from Gwoza, 117 from Damboa, 241 from Hawul, 7 from Magumeri, 72 from Kaga, 32 from MMC, 84 from Biu, 239 from Jere and 218 from Konduga LGAs.

Out of the 71 samples collected and tested in the state using rapid diagnostic test for cholera, 53 (74.6%) were positive, while 22 (41.5%) of which were culture positive.

	Gwoza	Dambo	Hawul	Magumeri	Kaga	MMC	Biu	Jere	Askira Uba	Kwaya Kusar	Konduga	Dikwa	Bayo	Shani	Mafa	Bama	Total
Cases																	
New suspected cholera	4	0	8	0	1	2	10	30	0	2	126	0	0	29	32	20	264
Cumulative suspected cases	1003	117	241	7	72	32	84	239	17	13	218	3	16	30	32	20	2144
Deaths																	
New death	1	0	2	0	1	0	0	4	0	0	6	1	0	3	0	0	18
Cumulative deaths	39	14	24	1	8	3	0	17	3	0	8	1	0	7	0	0	125
Laboratory																	
Number of specimen tested	6	10	6	1	3	8	2	2	2	0	8	2	4	1	8	8	71
Specimen positive RDT	2	7	3	1	3	4	2	2	2	0	8	2	3	1	5	8	53
Specimen positive culture	2	0	3	1	2	4	2	2	2	0	2	0	0	2	0	0	22

Table 3: Number of suspected cholera cases and deaths in Borno state as at 10th October 2021.

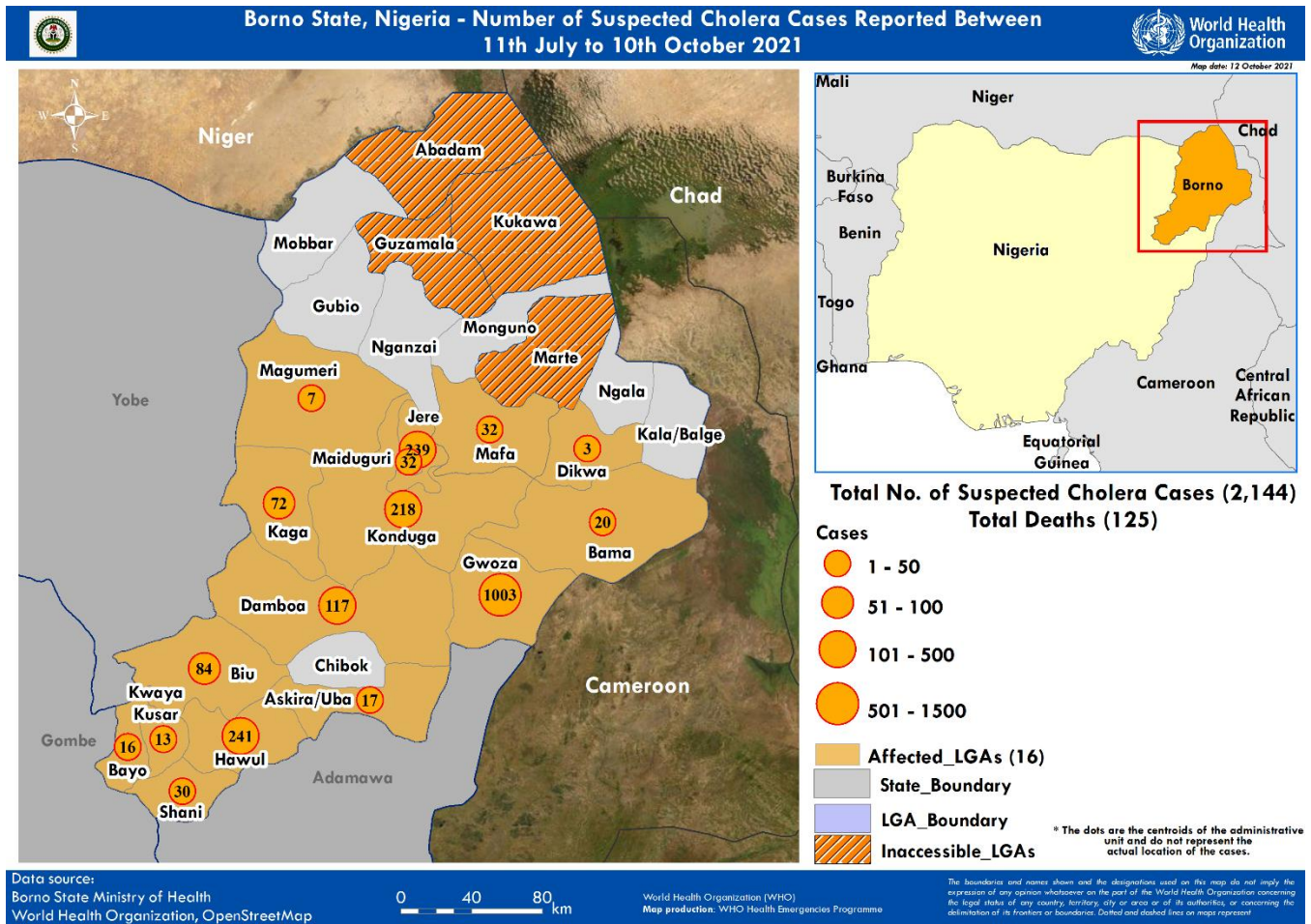


Figure 1: Map of Borno state showing cumulative cases and affected LGAs in the State.

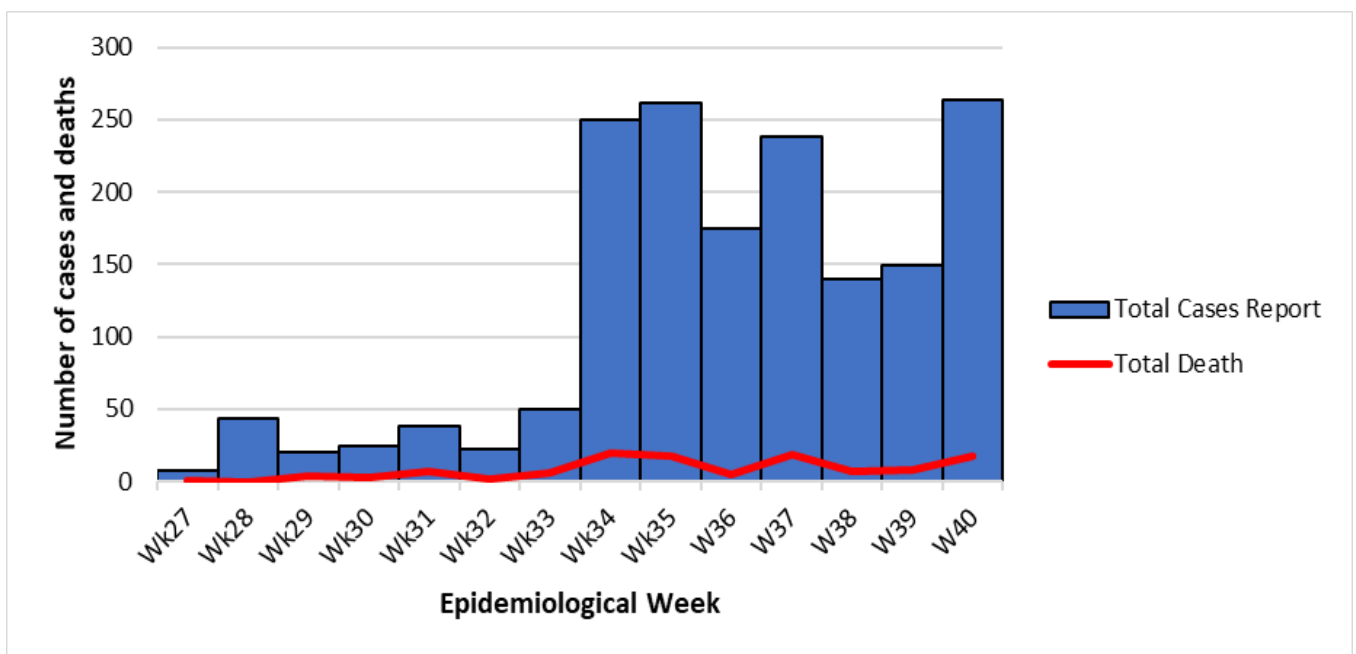


Figure 2: Borno state cholera outbreak Epi-curve as at week 40, 2021

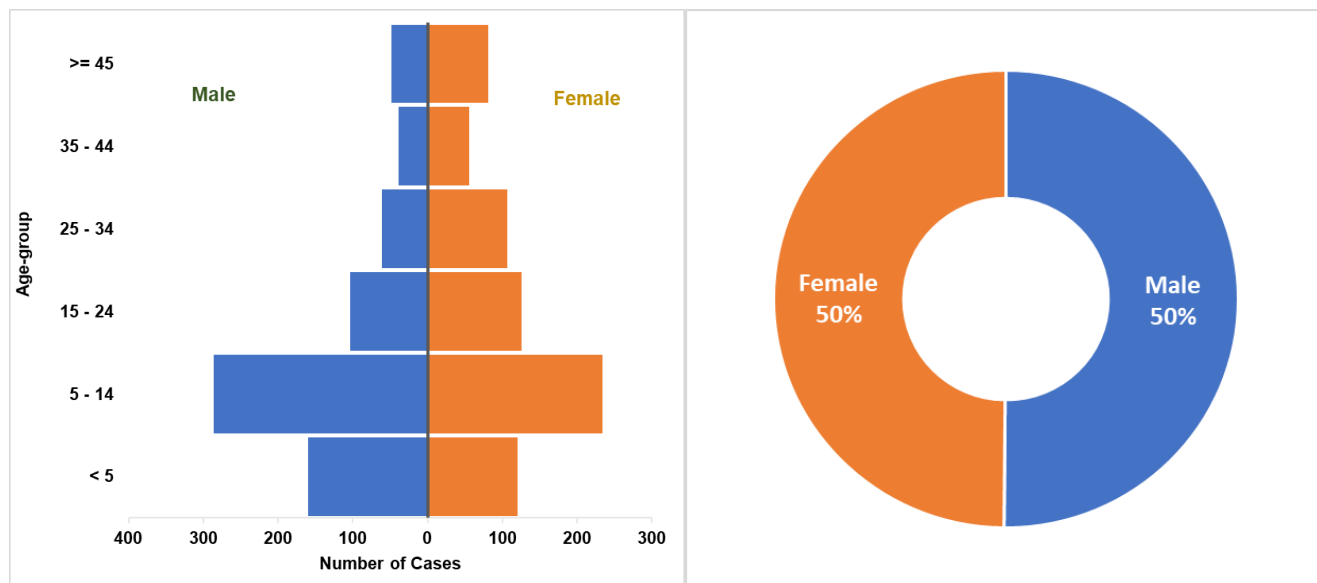


Figure 3: Age and Sex disaggregation for cumulative cholera cases in Borno state week 1-40, 2021

Response

Coordination

- Public Health EOC continues coordination meetings at state level to ensure a robust and effective coordination of the response activities.

Surveillance

- Active case search continued in all affected locations across the state, supported by WHO. The teams visited 5,991 households and sensitized 42,324 persons on basic preventive measures for cholera and COVID-19
- New hot spot identified in IDP camps in Maiduguri, Jere, Bama and Mafa LGAs.
- Alerts investigation and samples collection ongoing.

Case management

- Identification and referral of cases requiring urgent care to MSF Belgium CTC and MDM CTU facilities.
- Two tents erected for Cholera treatment unit and one ORP was set up to support patient care.
- WHO supported Borno SMOH with beds, drugs and other consumables for case management.

WASH

- Partners reached 29,190 people with specific hygiene promotion messages on cholera and COVID-19 including prevention and mitigation measures across MMC Camps and host communities.
- **4,216,679** Liters of water were chlorinated in the 50 water points by 100 water point Chlorinators in Bolori II ward and Dusuman and Old Maiduguri ward (SI)
- SI distributed 83 Cholera kits to Cholera Patients managed at Ngaranam MSF CTU, with 5960 soaps distributed to the 745 neighboring HH (8Pcs of soaps were distributed per HH).

- NRC carried out jerry can cleaning campaigns at 18 water points across MMC
- AAH rehabilitated 31 blocks of latrine across Fariya, Musari, Madinatu, Gidan Gona and Ajigar and distributed 5128 aquatabs across Jere.
- CIDAR reached 7412 individuals with health promotion messages, distributed posters and leaflets and disinfected 573 latrines in Jere.
- IOM children hygiene club activities were conducted in various camps across MMC.
- GCSI conducted hygiene promotion sensitization to 184 HHs and distributed latrine cleaning materials to IDPs in Kolori IDP Camp.
- SCI disinfected 298 households and household latrines at Mala Kyariri, Usmanti and Gangamiri communities. 682 individuals (208 HH) were reached with Hygiene promotion messaging with IEC materials posted at strategic locations at Mala Kyariri and Gangamiri communities.
- CRS recruited and trained 31 community mobilizers to commence activities in Magumeri, Gubio and Kaga LGAs respectively. 65HH (184Persons) were reached with Hygiene promotion messaging on cholera prevention alongside 98 HH benefitting from vector control/clean-up activities in Gubio LGA.
- JDPC distributed three strips of aqua tabs to 276HH in Karmuwa, Kellumeri, Maramari and Shehuri communities of Magumeri.
- TDH, JDF have reached 1,240 person in Zannari and Gelmari, Simari, Mafa Rural respectively.
- Water quality monitoring at 3 water points and distribution of 67 replenishment kits to 67 HH were also done Mafa central and Zannari Mafa Rural (TDH).
- Tdh conducted water quality monitoring in 45 functional water points in Rann and disinfection of surfaces around latrines and shower in Bulamari, general hospital and boarding primary school axis of Rann.
- Goal Prime organized a Speaker Campaign at General hospital and Bulamari reaching a total of 21,623 individuals. Disinfection of 40 latrines was also done at the same location.

Risk Communication and Community Engagement

- UNICEF and WHO continues to support the state to curtail the outbreak of Cholera through the community health champion house-to-house intervention across the hotspot locations with cholera preventive messages.
- Mobile health teams continue to sensitize people in hard-to-reach locations on cholera awareness and prevention.
- WHO-supported motorized campaign in IDP camps, host communities and densely populated areas with cholera preventive messages.
- Jingles on cholera prevention and control is ongoing, in Kanuri, Hausa, Babur Bura and English on BRTV, Dandal Kura, Al Ansar and Peace FM radio stations supported by UNICEF, INTERSOS and MSF Belgium.
- NOA Community Mobilization Officers (COMO) conducted motorized public enlightenment campaign in Hajj camp on Cholera prevention and Control.

Challenges

- Lack of water quality analysis across locations with water vendors which has been identified as high-risk transmission route.
- Need to scale up hygiene promotion awareness in some locations with new cases, including the need for cholera kits.

Recommendations

- Continue community active case search and alert investigation.
- Improve portable water supply in hotspot communities and point source chlorination.