



**HEALTH
FOR ALL**



EPR – WHO COUNTRY OFFICE

Cholera Response Across Affected States in Nigeria

01st – 17th July 2024

Snapshot Bulletin – 01 (Week 28)



**World Health
Organization**
Nigeria

QUICK EPIDEMIOLOGICAL INFORMATION AS OF WEEK 28



COORDINATION/HIGH-LEVEL ADVOCACY

As the lead in global health response, the World Health Organization (WHO) is supporting the Federal Government of Nigeria to curb the ongoing cholera outbreak across the affected states. Although the disease started as pockets of acute watery diarrhoea (AWD) in Bayelsa and its environs, it has now spread to various states in the country including Lagos, with the highest suspected case reported. At least, cumulatively **100** lives of vulnerable persons across 96% of the states plus the Federal Capital Territory, have died ;due to cholera. Nevertheless, to ensure an effective, timely, and more coordinated response, the WHO has supported the government across the three tiers (Federal, State, and Local Government Areas) in activating the Emergency Operations Centre (EOC), with all thematic areas meeting as scheduled. These EOCs across the states are aimed to serve as a hub where activities will be coordinated, and guidance provided to partners. In addition to activating the EOCs, the World Health Organization is coordinating partners/key actors to support the government in saving the lives of the affected. As of week 28, at least **25 coordination meetings and high-level advocacy** have been conducted in northeast Nigeria and other hotspot states, and more than 10 partners including UN agencies, and international and national organizations are pulling resources to key into the overall strategic goal of saving lives. These high-level advocacies, especially to the state governors, Commissioners for Health, Heads of Agencies, and Traditional/Religious figures, have yielded results, especially in taking ownership of the overall response.

“WHO’s leadership and commitment in ensuring health for all and protecting lives during emergencies and outbreaks is very commendable. Together, we will continue to ensure timely and effective coordination is achieved and vulnerable people have access to the urgently healthcare services they deserve across the state.” – **Professor Akin Abayomi, Honourable Commissioner for Health, Lagos State**



WHO Country Representative on a high level engagement with the Lagos State Commissioner for Health on ways to contain the ongoing spread in the state. © Okafor Chinenye/WHO

HEALTH INFORMATION MANAGEMENT (HIM) AND LABORATORY

This is one of the critical pillars, the World Health Organization (WHO) is supporting the Federal Government to strengthen, which trickles down from the national, to the states and local governments. One of the objectives is to optimally use data to rapidly detect, sustain an effective response and guide in making informed decisions toward containing the outbreak in the country. As of epi-week, 28, the WHO technical experts in health information management and surveillance visited at-least 30 Primary Healthcare Centres (PHCs) to ensure timeliness, accuracy and quality in the data being transmitted. On-the-job mentoring and guidance were also provided to all the surveillance focal points at the primary healthcare centres, on effective documentation of suspected cases, especially line-listing, and reporting. Also, they were guided on the need to sustain case search of cholera across the communities they reside.

Furthermore, to ensure suspected cases of cholera at the community and ward level are rapidly detected and responded to, the WHO is maximally utilizing its community structures to enhance active case search activities. Some of these structures being utilized include field volunteers, local government facilitators, community informants, & mobile health teams in northeast Nigeria. As of week 28, of 2024, these structures reported an *estimated 250 suspected cases of cholera* including from locations that are actively reporting cases & those that are silent. This tactical & operational approach is in-line with WHO's commitment, as revealed in the **Fourth Country Cooperation Strategy (CCSIV)** to improve the outbreak response. Meanwhile, at the state level, support is being provided to ensure high-quality information products such as sitreps are produced every week, especially the high-risk states.



Healthcare workers are seen provided with additional guidance on sample collection. © Kingsley Igwebuiké/WHO



WHO expert providing on-the-job mentoring on strategies effective documentation and community case search. © Kingsley Igwebuiké/WHO

To enhance the transportation processes of samples collected from the local level up to the National Reference Laboratory (NRL), the World Health Organization (WHO) has supported the Government in strengthening the processes. These includes handling of the transportation cost and stipend to the facilitators from the ward level. Within the week of reporting, WHO has provided technical support and guidance to the Government including the community structures such as the state epidemiologists, disease surveillance and notification officers, primary healthcare workers, and partners, on effective sample collection.

With at least 22 samples that are yet to be tested, WHO is constantly following up with the National Reference Laboratory (NRL) to ensure the testing is expedited. This will help in improving the quality of the response across the country. Worthy of note, this strategic support from the national, to the state, and the local governments, is not only geared toward refining the overall processes of sample collection, but to boost the turn-around-time (TAT) of the results tested.



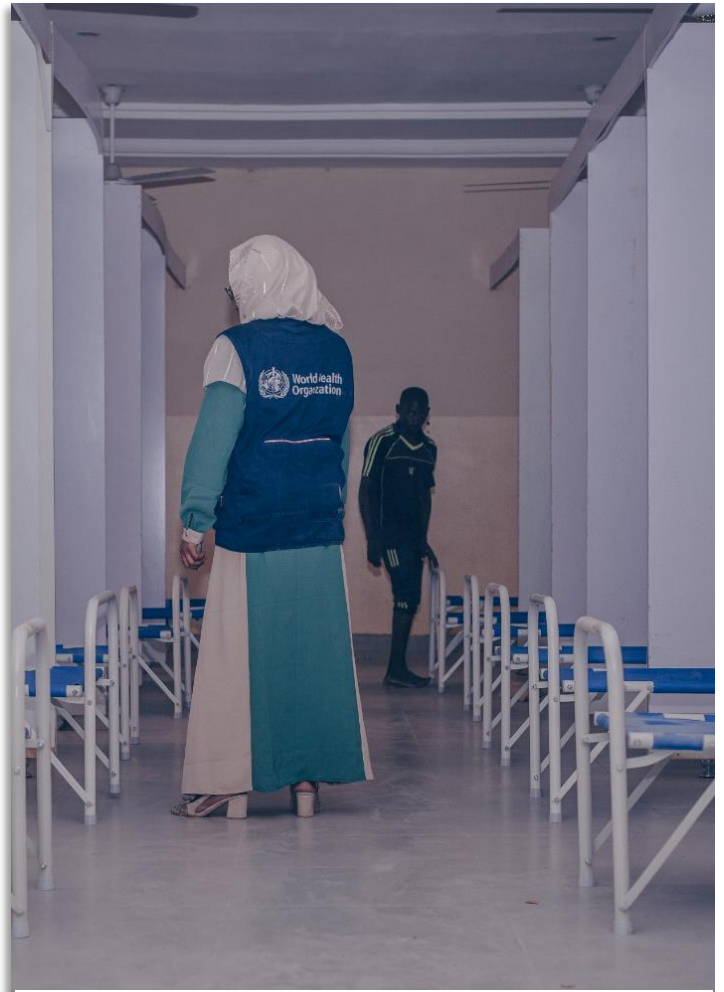
Community teams at one of the correctional centres in the country after collecting samples of cholera. © WHO



WHO expert strengthening the capacity of healthcare workers and community teams on effective laboratory practices. © WHO

CASE MANAGEMENT AND INFECTION, PREVENTION & CONTROL (IPC)

Of the 34 states plus the Federal Capital Territory (FCT), that have reported at least a single case from week 1 to 27, seven (7) states plus the FCT reported 201 suspected cases, with seven deaths and case fatality ratio of 3.5% in week 28 alone, putting more pressure on the treatment centres. Nevertheless, WHO across the states has coordinated partners to both expand and set-up new treatment centres to ensure quality of care is provided to the vulnerable persons in the high-risk locations. In addition, WHO has provided on-the-job mentoring to at least *210 healthcare workers* across the treatment centres and health facilities on effective management of cases and adhering to treatment guidelines. The infection, prevention and control aspect of the response is another critical area WHO is guiding the Government. This is geared toward following the appropriate IPC measures, to mitigate the risk of spread, especially among health workers. WHO also provided at least *1000 IPC medical commodities*, such as facemasks, hand gloves, hand sanitizer, etc.



Inspecting one of the cholera treatment centres in the country. © Kingsley Igwebuike/WHO



Public health experts are seen engaging with the members of the community on IPC measures. © WHO

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT / INFODEMIC MANAGEMENT

This is one of the critical thematic areas outlined in the emergency response framework. Usually, vulnerable persons living in underserved communities are mostly affected during outbreaks and emergencies. To this end, the World Health Organization (WHO) is coordinating with partners such as UNICEF to ensure real-time health information is made available to vulnerable and exposed populations. Meanwhile, to ensure precision and appropriate messaging is enhanced at the community level, the WHO in collaboration with other partners has supported the government in reviewing the social & behavioural change communication materials.

As of epi-week 28, at least *150,000 persons have been reached with preventive messages* through the house-to-house strategy. These persons were reached using structures such as the Community Champions, Field Volunteers, and the local government facilitators. The team also found and referred more than *50 suspected cases of cholera* through the disease surveillance and notification officers for proper management and documentation. Mass media awareness creation is also another strategy (e.g. motorized campaign, airing of radio spots, town announcement) leveraged to reach vulnerable persons with risk messaging. Currently, more than 5 spot announcements are being aired daily, across predominant radio stations on the prevention of cholera across the hotspot states in the country. Additionally, WHO is providing technical support to ensure advocacies to traditional, religious and community leaders are utilized to increase awareness and to encourage ownership of the overall response in the country. So far, 15 advocacy visits have been conducted across the hotspot states.



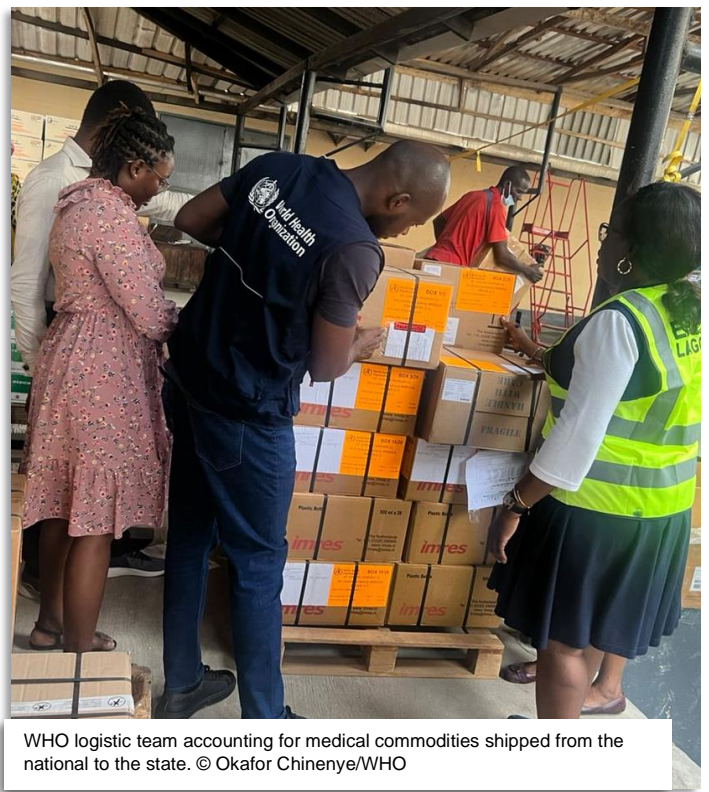
A member of the community team providing integrated health risk messaging at one of the hotspot's locations. © Kingsley Igwebuike/WHO

OPERATIONS SUPPORT AND LOGISTICS (OSL)

Operations support is a critical area the World Health Organization (WHO) is maximally utilizing, to ensure seamless, timely, and efficient support is provided to the states through the Federal Government. This includes the donation of medical consumables and deployment of national rapid response teams to the hotspot's states. Currently, WHO has supported the deployment of *12 response teams* to support key thematic areas such as case management, and health information management (HIM)/surveillance). In addition, WHO has donated medical items to states such as Lagos state. At least *35 essential emergency community and periphery cholera kits* were donated to the state. These kits have the capability of *treating more than 5,000 vulnerable people* who are affected by the outbreak. Finally, the logistics from the ward level, up to the state and national is being strengthened to ensure overall efficiency, especially the transportation of cholera samples.



WHO handing over medical commodities to one of the hotspot states. © Okafor Chinenye/WHO



WHO logistic team accounting for medical commodities shipped from the national to the state. © Okafor Chinenye/WHO

PREVENTION OF SEXUAL EXPLOITATION, ABUSE AND HARASSMENT (PRSEAH) & GENDER-BASED VIOLENCE (GBV)

During outbreaks or events, cases of sexual assault and gender-based violence tend to be on the rise. To strategically mitigate the risk of gender-based violence and sexual assault, the World Health Organization (WHO) has intensified awareness among healthcare workers and community volunteers. As of epi-week 28, at least 200 healthcare workers and community volunteers were sensitized on WHO's No Excuse commitment toward Gender-Based Violence and Sexual Assault.

To ensure better accountability in the current cholera response across the hotspot's states (including Lagos, Bayelsa, Anambra, Bauchi, Kano, Taraba, and Katsina), these volunteers (field volunteers, and local government facilitators) willingly signed the official WHO code of conduct as part of their commitment to supporting the prevention of sexual assault during this cholera outbreak. This approach is one of the five strategic priorities outlined in the *WHO Fourth Country Cooperation Strategy (CCSIV)* to address the root causes of violence especially in emergencies.

“Outbreaks begin and end in communities, and these exposed individuals are usually vulnerable to gender-based violence.” – Dr Walter Kazadi Mulombo, WHO Country Representative and Head of Mission

“Nevertheless, the World Health Organization (WHO) as the global health lead, has re-strategize to ensure the risk of violence during this cholera outbreak across the country is mitigated, including in locations that are hard-to-reach”



One of the members of the community structures is seen with the code of conduct form. © Kingsley Igwebuike/WHO

Thank You...



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serving the vulnerable*