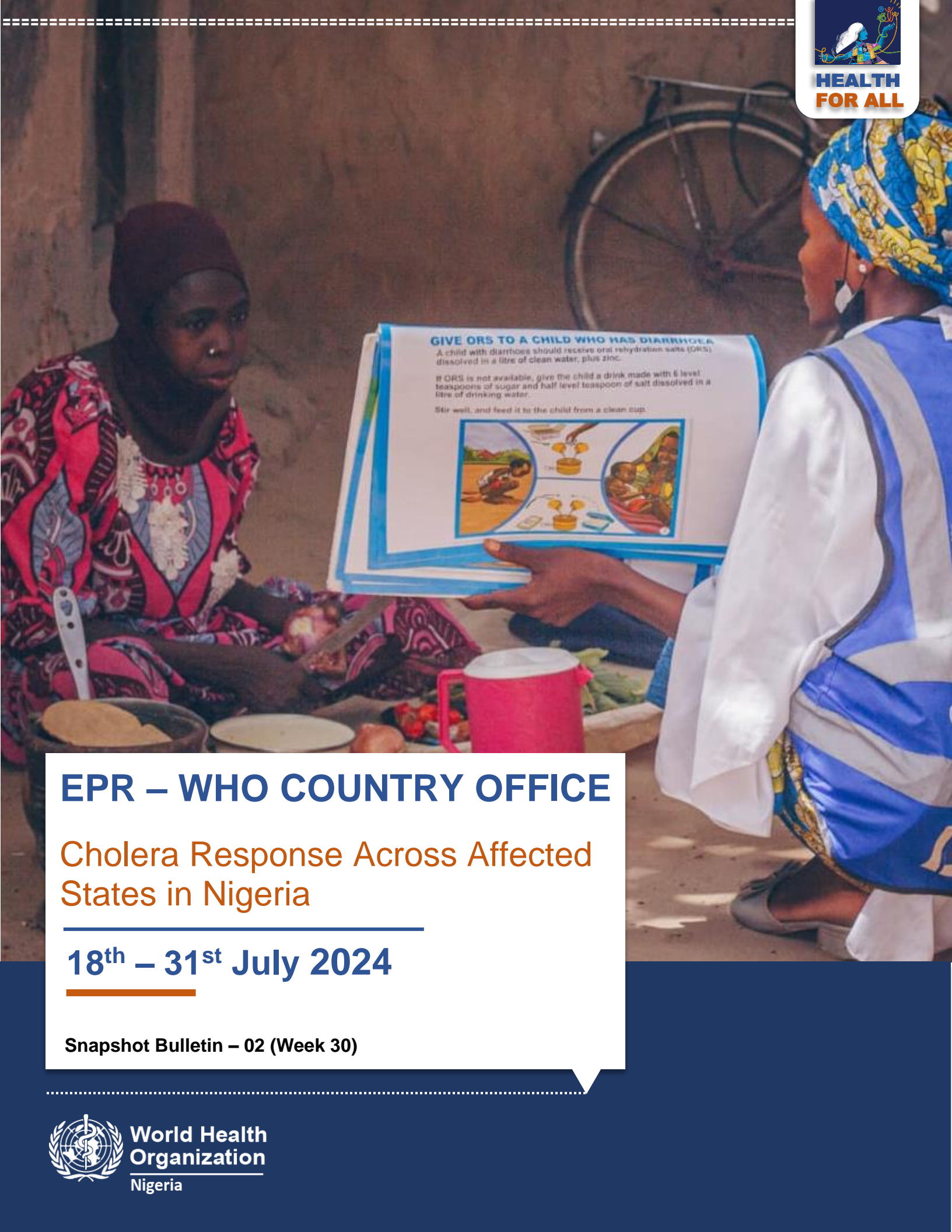




**HEALTH
FOR ALL**



GIVE ORS TO A CHILD WHO HAS DIARRHOEA

A child with diarrhoea should receive oral rehydration salts (ORS) dissolved in a litre of clean water, plus zinc.

If ORS is not available, give the child a drink made with 6 level teaspoons of sugar and half level teaspoon of salt dissolved in a litre of drinking water.

Stir well, and feed it to the child from a clean cup.



EPR – WHO COUNTRY OFFICE

Cholera Response Across Affected States in Nigeria

18th – 31st July 2024

Snapshot Bulletin – 02 (Week 30)



**World Health
Organization**
Nigeria

QUICK EPIDEMIOLOGICAL INFORMATION AS OF WEEK 30



5 300 suspected cases have been reported

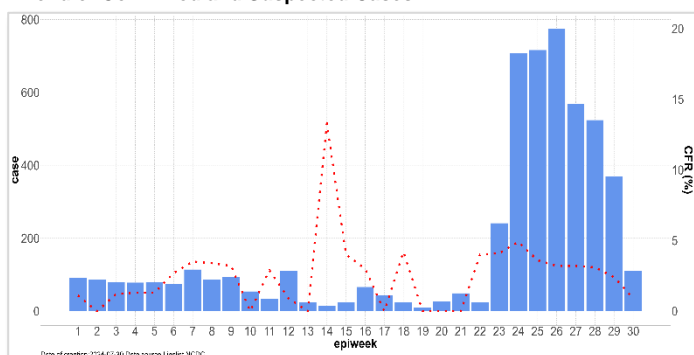


165 deaths recorded across the country



214 Local Government Areas reported suspected cases

Trend of Confirmed and Suspected Cases



Three High Burden States



State	Cumulative Data	Week 30
Lagos	3 416	101
Bayelsa	481	0
Katsina	266	0

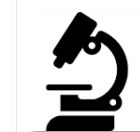
Disaggregation (Number) by Sex and Age-Range



Age Range	Male	Female	Total
0 – 14 years	1089	919	2008
15 – 29 years	670	577	1247
30 – 49 years	737	623	1360
50 +	295	321	616
Grand Total	2791	2440	5231

Please Note: Some patient information is missing, due to the unavailability of age range.

Number of Cultures (Cholera)



Subject	Number/ Percentage
Received	492
Tested	491
Confirmed +	104
Positivity Rate	21.1%

KEY HIGHLIGHTS

- The World Health Organization (WHO) has continued to support the Government at all levels, to ensure timeliness and effectiveness in the overall cholera response.
- The WHO supported the deployment of the African Health Volunteers Corps/Strengthening & Utilizing Response Groups for Emergencies (AVoC-SURGE) along with the Rapid Response Team (RRT) to support across the pillars of the response in six high-burden states.
- Several activities were conducted during the reporting period such as:
 - More than **90 health personnel** were provided with on-the-job mentoring on the national treatment protocols.
 - 3 000 RDTs** were donated to the NCDC, for distribution to the health facilities. While the outbreak is ongoing, the WHO is recommending to countries to conduct 3 RDTs daily, per health facility.
 - 120 community structures** such as local government facilitators. Volunteers on active case search and community informants have been onboard meaning they engage in full commitment to abide by the regulations of prevention of sexual exploitation, abuse and harassment.
- With over **5 300 cases** of cholera reported in Nigeria, the WHO has supported the Federal Government to initiate processes to secure cholera oral vaccine (OCV) from the International Coordinating Group (ICG) on vaccine. As of 31 July 2024, the country received a stock of **4 472 396 doses** of OCV.

COORDINATION/HIGH-LEVEL ADVOCACY

The World Health Organization (WHO) has continued to support the Government at all levels to ensure effective coordination of partners, thus making progress toward streamlining key interventions across the affected locations. As of week 30, *more than 40 (62% increase compared to week 28)* partner coordination meetings and high-level advocacy have been conducted toward containing the cholera outbreak. These partner coordination meetings were conducted across Priority Areas for Multisectoral Interventions (PAMIs; previously called hotspots), including the hard-to-reach areas. Some of the partners present include UNICEF, IOM, IFRC, Breakthrough Action, Save the Children, and MSF. Meanwhile across the Emergency Operations Centres (EOCs), from the national to the state level, the WHO is providing urgently needed technical support and guidance as part of its commitment outlined in the *Fourth Country Cooperation Strategy (CCSIV)*. This strategic support across the recognized thematic areas aims to achieve the health for all mandate, including progressing toward the triple billion targets. These involve a billion people benefiting from universal health coverage, a billion people better protected from health emergencies, and more people enjoying better health. As part of the support and commitment to encourage continual ownership of the cholera response, at least *10 high-level advocacies* were conducted to prominent persons. These include advocacies to Governors, Commissioners for Health, Directors, and Traditional and Religious Leaders. Additionally, these advocacies have increased the participation and commitment of the Government and Community Leaders toward containing the outbreak.

“WHO’s commitment and leadership in coordinating partners and responding to this outbreak and other health issues in the state is very laudable. The Lagos State Government will continue to collaborate with the World Health Organization to ensure effective coordination is achieved, thus accelerating progress to health for all.” – **Mr Babajide Sanwolu**, Executive Governor of Lagos State.



WHO Country Representative on a high-level engagement with the Lagos State Governor. © WHO/Eromosele Ogbide

HEALTH INFORMATION MANAGEMENT (HIM), SURVEILLANCE, AND LABORATORY

Health information management and surveillance are core pillars that guide an outbreak response. As such, the WHO is providing much-needed guidance to the Government especially the Nigerian Centre for Disease Control (NCDC) and Federal Ministry of Health at the national and sub-national level, to ensure timeliness and effectiveness in the overall cholera response. Meanwhile, across the states, especially the affected local government areas, the WHO is providing on-the-job mentoring to the data management unit on data quality and to the healthcare workers at the primary health centres on effective surveillance practices. As of week 30, an estimated, *53 health personnel* were provided with technical guidance on timely reporting, case finding and retroactive case search. Community teams from the state and partners conducting active case searches across the PAMIs were provided with technical support to ensure an effective response in the cholera response.

On the other hand, the WHO is optimally leveraging

its community structure to intensify cholera active case search activities including the hard-to-reach locations. This strategic approach is to rapidly detect and timely investigate and manage the suspected cases. As of the week of reporting, these structures (community informants, field volunteers, and local government facilitators) found and referred more than 50 suspected cases of cholera across the most affected states. In addition to strengthening the capacity of the data/information unit, and the use of structures, the Government with support from the WHO has deployed the *African Health Volunteers Corps/Strengthening & Utilizing Response Groups for Emergencies (AVoC-SURGE)* along with the Rapid Response Team (RRT) to support across the pillars of the response. This is one of the novel approaches the WHO has deployed to contain the cholera outbreak. This SURGE capacity cut across key thematic areas such as the case management, health information/surveillance, laboratory, coordination, and risk communication.



Experts from WHO and NCDC are seen conducting active case searches in Famgbe, Bayelsa State. © WHO/Bolanle Esther

Since its introduction in 2022, the Government, with support from the WHO is utilizing the SURGE deployment to respond to acute emergencies.

For the Laboratory pillar, the WHO has continued to provide technical and logistic support to ensure better access to the diagnostics. Within the reporting week, the WHO provided technical support to the laboratory pillar and directly to the most affected states through the emergency procurement of laboratory supplies for sample collection and testing. The cholera laboratory

supplies include a Kit, *Cholera Laboratory (4), 100 samples, complete (7 ambient temperature and 4 cold chains), Cholera investigation (5), complete (8), and Cholera RDT (300 packs)*. These kits include laboratory commodities for improved community investigation and rapid diagnostic testing among vulnerable and exposed populations in high-risk areas and for the confirmation of suspected cholera outbreak. Sample collection swabs are another medical consumable provided to the affected states through the Federal Government. At least *1100 swab transport medium* (Cary Blair and Amies) were donated to the Government. Furthermore, to improve the quality of samples collected, on-the-job mentoring is being provided to the sample collectors working across the most affected communities. To ensure improved turnaround time of samples collected, the WHO has supported the transportation processes of these samples, from the community level right up to the state and the National Reference Laboratory. These supports include handling the transportation cost and stipend of the facilitators from the communities. In addition, 40 of the government personnel (such as epidemiologists, disease surveillance and notification officers, and primary health workers) were provided with technical guidance on effective sample collection.

“*Ensuring data quality and timely collection/testing of samples in outbreaks is critical to curbing transmission. WHO will continue to provide technical expertise to the Government in-line with its Fourth Country Cooperation Strategy (CCSIV), to improve the quality of data and collection of samples across all levels in the country, thus improving decision-making.* – **Dr Ann Fortin**, WHO Team Lead, Emergency Preparedness and Response.



WHO expert is seen providing technical guidance to one of the health personnel on effective use of RDT in Oriade LGA, Osun State. © WHO/Fatoki Olajide

· CASE MANAGEMENT, INFECTION, PREVENTION & CONTROL (IPC) & WASH

As of epidemiological week 30, the country has recorded **5,300** suspected cases of cholera with 165 deaths, and a case-fatality ratio of 3.1%, cumulatively. These suspected cases reported since the onset of the outbreak have continued to inundate the treatment centres. Nevertheless, the WHO across the states has provided technical support to the government and coordinated partners to double their efforts to ensure high-quality and timely healthcare services are provided to vulnerable persons. Additionally, on-the-job mentoring is another critical area under case management which the WHO has provided to healthcare workers across the treatment centres. Within the week of reporting, more than **90 health personnel** were guided (provided with on-the-job mentoring) on adhering to national treatment protocols, thus improving the effectiveness in the management of cases.

Furthermore, key activities (including the monitoring of compliance, cleaning, and safe management of waste) under the IPC were conducted across cholera PAMIs in the country. Within the reporting week, the state government with support from the the WHO identified focal points across affected locations to ensure continuity of quality services. To improve the overall response, the WHO distributed IPC frameworks across the states. This is geared toward improving the level of preparedness, readiness, and effectiveness of the response.

Meanwhile, for Water, Sanitation and Hygiene (WASH) activities, the WHO has provided technical support across the affected states and ensured the distribution of treatment tablets among affected populations. At least **300 treatment tablets** have been distributed to people living in affected locations.



At Madaki PHC treatment centre in Gombe State, WHO experts are seen inspecting one of the cholera patients in the country. © WHO/Comfort Ali

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT / INFODEMIC MANAGEMENT

Risk communication and infodemic management are areas, The WHO is supporting the government to strengthen, and they are sub-pillars under the health operations and technical expertise highlighted in the Emergency Response Framework (ERF). Within the week of reporting, the WHO has provided coordination support to ensure real-time health risk messages are provided to vulnerable and exposed populations in the states.

As of epi-week 30, at least *87,000 persons were 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. As part of their intervention package, the team found and referred more than *30 suspected cases of cholera* through the disease surveillance and notification officers for proper management and documentation. Additionally, the team are also tracking and managing infodemic at the community level.

Meanwhile, mass media awareness is another strategy (e.g. airing of radio spots, town announcements, phone-in programs) leveraged to reach vulnerable persons with health risk messaging. Currently, more than 4 spot announcements are being aired daily, across predominant radio stations on the prevention of cholera across the most affected states in the country. Also, the WHO provided technical support to ensure advocacies to gatekeepers such as community and religious leaders are utilized to increase awareness and encourage ownership of the overall response. At least, *25 high-level advocacies* were conducted across the most affected states in the country.



A member of the community team is seen providing health risk messaging on prevention of cholera. © WHO/Kingsley Igwebuike

AVoC-SURGE INITIATIVE

The African Health Volunteers Corps/Strengthening & Utilizing Response Groups for Emergencies (AVoC-SURGE) is a novel approach that have been initiated to deploy first-line responders to support acute emergencies. This approach is to ensure all structures are optimally utilized to contain outbreaks and respond to health emergencies, thus saving the lives of the vulnerable. As of week 30, **five (5) SURGE responders** have supported five (5) high-risk states working together with the National and State Rapid Response Teams and includes experts in surveillance and health information management, and risk communication and community engagement activities. Considering that Bayelsa state was also responding to Yellow Fever outbreak, two entomologists were part of the team. Invariably, this support has improved the quality of information products developed to aid the response, enhanced the frequency of coordination and risk communication activities, and containment of the spread of yellow fever in one of the high-risk states (Bayelsa) in an integrated approach.

Meanwhile, the AVoC-SURGE team in collaboration with experts from the WHO, has provided on-the-job guidance and mentoring to the state's team/structure to ensure sustainability and effectiveness in the response. At least **45 health professionals** were provided with technical guidance including visiting more than **30 health facilities** to enhance the healthcare services being provided at the community level. Additionally, the team paid high-level advocacy visits to state government agencies and community leaders to encourage participation and ownership of the overall cholera response. Some of these ministries include the State Ministry of Health, the Ministry of Water Resources, and the Ministry of Environment.

“This AVoC-SURGE initiative supported by the World Health Organization (WHO) is very commendable. It shows how committed and reliable WHO is in saving the lives of the vulnerable affected by the outbreak and ensuring progress is made toward health for all. I am optimistic in no distant time, the outbreak will be controlled – Dr Jide Idris, Director General, Nigerian Centre for Disease Control (NCDC).”



In Bayelsa State, the AVoC-SURGE teams are seen briefing the honourable commissioner of health, Bayelsa State. © WHO/Bolanle Esther



WHO experts are seen assessing some of the medical consumables in the Lagos State medical store. © WHO/Salifu Wesley

OPERATIONS SUPPORT AND LOGISTICS (OSL)

The WHO has supported the Government across all three levels (Federal, State and Local Governments) to improve its logistics efficiency. Some of this support includes technical guidance to the logistics pillar, donation of 300 packs of rapid diagnostic test kit, sample collection swaps, and logistics support to the community structures (rapid response teams) deployed across the states. The WHO has also supported the Government in prepositioning kits across some silent local government areas in the country. The WHO has also provided logistics support for samples collected from the community level to the National Reference Laboratory (NRL). This is geared toward strengthening the pillar to ensure overall efficiency and effectiveness, especially on the quality of samples transported for testing at the NRL.



At the Lagos State Central Medical store after assessing the medical consumables. © WHO/Salifu Wesley

ORAL CHOLERA VACCINE (OCV)

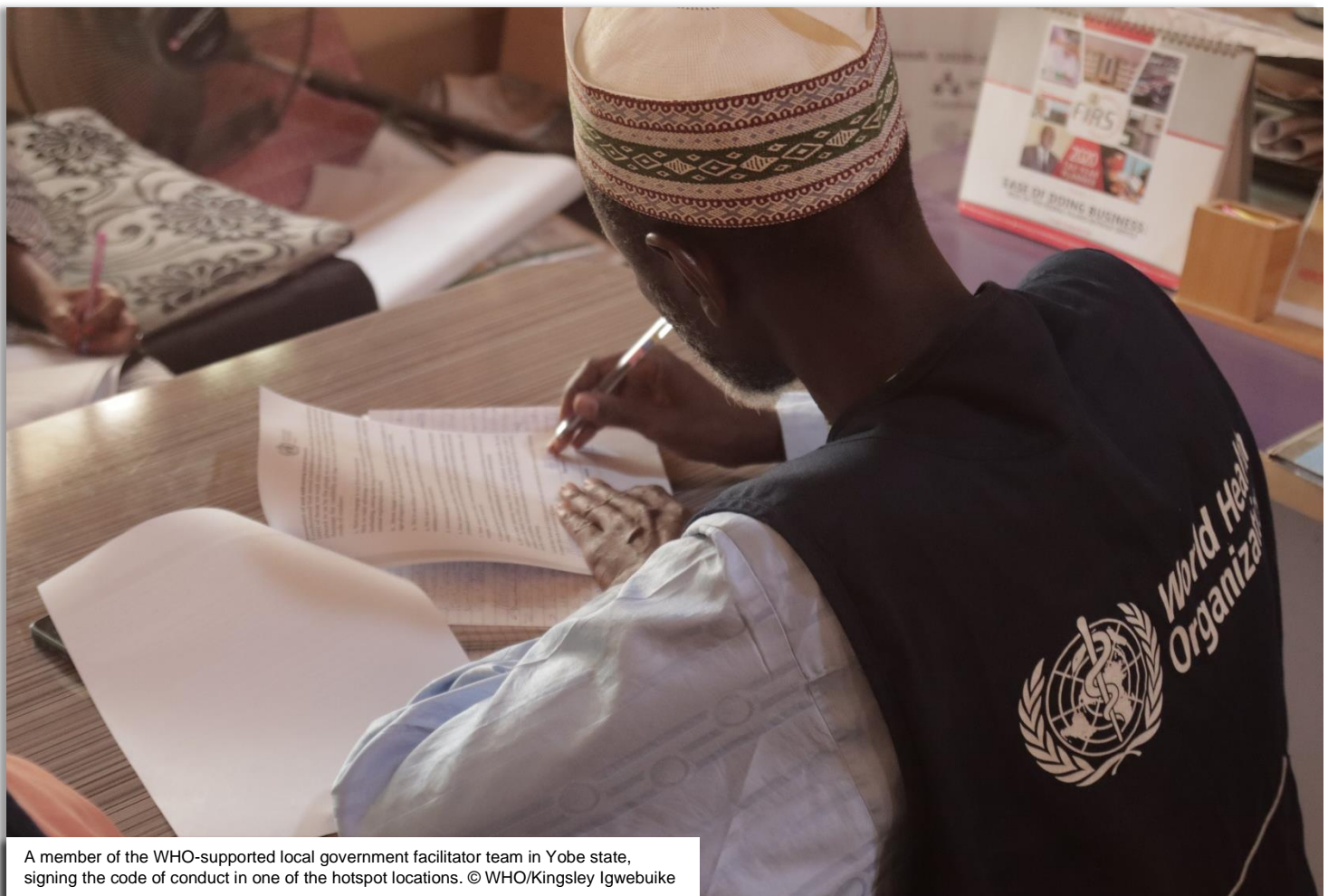
With over 5,300 cases of cholera reported in Nigeria, the WHO has supported the Federal Government to initiate processes to secure cholera vaccine from the International Coordinating Group (ICG) on vaccine. This technical support provided by the WHO has yielded results as the country received a stock of **4,472,396 doses** of Oral Cholera Vaccine (OCV), as of 31st of July 2024. These vaccines will be targeting millions in locations that are high risk based on the epidemiological data. Furthermore, to ensure effectiveness and improve efficiency, the WHO is supporting the Government in planning the rollout of the implementation of the vaccination campaign. Additionally, high-level advocacies are being conducted to ensure community participation during the vaccination campaign.

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

“ Preventing Sexual Exploitation, Abuse and harassment is a top priority for the World Health Organization (WHO) during this outbreak, and there’s need for all stakeholders (especially developmental partners) to ensure a violence free environment. Technical support will continue to be provided to be provided to the teams across the country to mitigate and prevent the risk of violence.” – Dr Walter Kazadi Mulombo, WHO Country Representative and Head of Mission.

Since the onset of this cholera outbreak, the WHO has been relentless in preventing and mitigating the risk of sexual exploitation and abuse among vulnerable and affected populations. Within the week of reporting, at least **120 community structures** such as local government facilitators, volunteers conducting active case searches and health risk messaging, and community informants, have been onboarded. This signifies their wilful commitment to abide by the regulations (code of conduct) of preventing sexual exploitation and gender-based violence.

Additionally, in line with the guiding principles of preventing sexual exploitation during outbreaks, the AVoC-SURGE teams deployed to support the PAMIs have also signed the code of conduct. This operational approach is geared towards ensuring no excuse and an all-inclusive response in mitigating the risk of exploitation. While technical support to the community structures is ongoing, the community teams have now reached at least **520 persons** with Gender-Based Violence (GBV) key messages across the PAMIs.



A member of the WHO-supported local government facilitator team in Yobe state, signing the code of conduct in one of the hotspot locations. © WHO/Kingsley Igwebuike

Thank You...



CONTACTS:

FORTIN ANN

EMAIL: AFORTIN@WHO.INT – TEL: +2349062784295

KULCHUMI HAMMANYERO

EMAIL: HAMMANYEROK@WHO.INT – TEL: +2349168346292

FOR INQUIRIES:

KINGSLEY IGWEBUIKE

EMAIL: IGWEBUIKEK@WHO.INT – TEL: +2349062740649



**World Health
Organization**

Nigeria

*...promoting health, keeping the world safe, and
serving the vulnerable*