



**HEALTH
FOR ALL**



WHO Emergency Preparedness and Response Cluster

Update on Cholera, Floods and Mpox in Nigeria

1–31 August 2024

Snapshot Bulletin No. 03



**World Health
Organization**
Nigeria

QUICK EPIDEMIOLOGICAL INFORMATION AS OF 31 AUGUST 2024



7 056 suspected cases and **142** confirmed for cholera while **935** suspected cases and **55** laboratory confirmed for Mpox

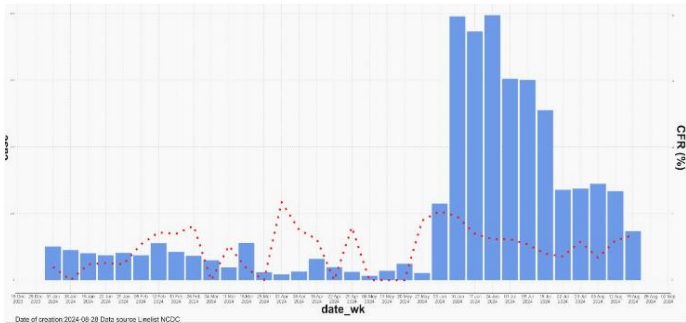


204 cholera related deaths were recorded across the country while **0** for Mpox



35 states + **FCT** have reported at least one case of cholera and **19** states + **FCT** reported at least one laboratory confirmed of Mpox

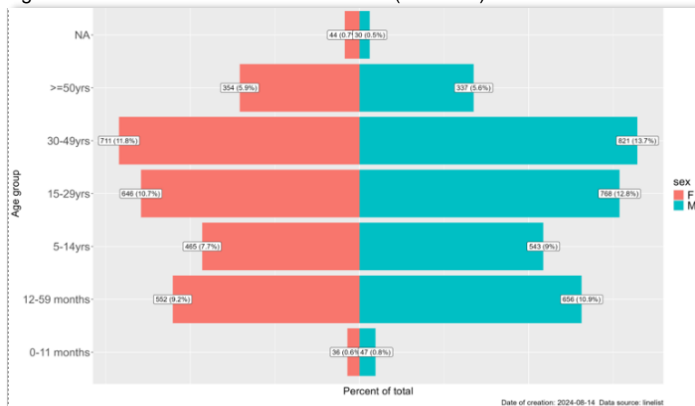
Trend of Confirmed and Suspected Cases of Cholera (Week 34)



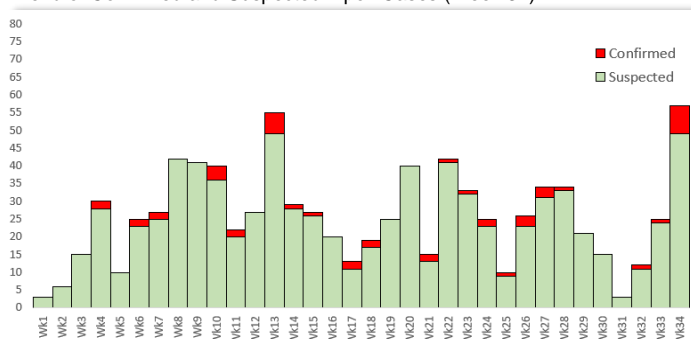
KEY HIGHLIGHTS

- On 14 August 2024, WHO Director-General has determined that the upsurge of mpox in the Democratic Republic of the Congo and a growing number of countries constitutes a public health emergency of international concern.
- On 23 August, the World Health Organization (WHO) for Nigeria jointly with the Nigeria Centre for Disease Control (NCDC) briefed partners and key stakeholders on the Mpox situation, current and upcoming actions.
- Within the reporting period, WHO has continued to support the Government across all states to ensure an effective response in containing the ongoing cholera outbreak.
- In addition to technical and strategic support, WHO donated 10 IEHK basic and 10 IEHK malaria to the State Government in Jigawa to complement its effort toward providing urgently needed medical assistance to victims of flooding. WHO is in process for dispatching IEHKs for additional states most affected by floods.
- Several activities were conducted during the reporting period such as:
 - On-the-job mentoring/technical guidance to over 40 persons on timely and early reporting of suspected cases for both cholera and mpox.
 - 120 000 vulnerable persons reached with cholera and mpox health risk messaging across the priority states.
 - Over 20 partner coordination meetings were held to ensure effective & coordinated response for both cholera and mpox outbreaks.
- While global Mpox vaccine stockpiles are limited, WHO is working with partners like Gavi and UNICEF, through the interim medical countermeasures network (i-MCM-net), to enable donations from countries with existing stockpiles. The partners are building a donation scheme so that the limited vaccines are used where they have the biggest public health impact.
- WHO is supporting countries in sequencing the monkeypox virus. By combining this data with epidemiological studies, we can better understand how the virus is adapting and ensure our response evolves accordingly.

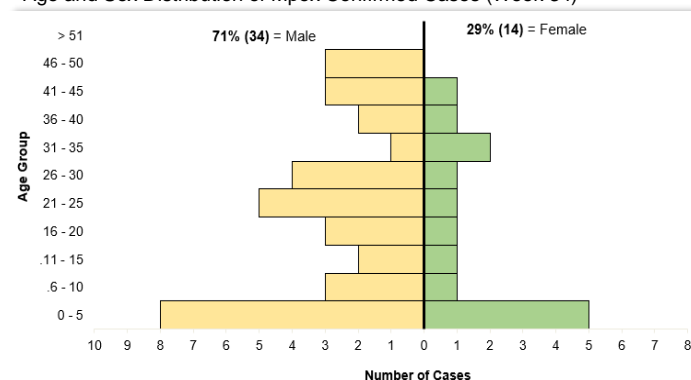
Age and Sex Distribution of Cholera Cases (Week 34)



Trend of Confirmed and Suspected Mpox Cases (Week 34)



Age and Sex Distribution of Mpox Confirmed Cases (Week 34)



Source of Information: The Nigeria Centre for Disease Control (NCDC)



WHO and NCDC seen responding to concerns raised by key stakeholders present at the partner's briefing. © WHO/Eromosele Ogbiede

MPOX JOINT WHO/NCDC BRIEFING WITH PARTNERS AND KEY STAKEHOLDERS

On the 14th of August 2024, WHO Director-General has determined that the upsurge of mpox in the Democratic Republic of the Congo and a growing number of countries constitutes a public health emergency of international concern. A public health emergency of international concern is the highest level of alarm under international health law. While the current upsurge is affecting particularly the Democratic Republic of Congo, and neighbouring countries that had not previously reported mpox, the WHO for Nigeria is concerned by the upsurge of mpox and is taking all the necessary measures to ensure promptly detection and response to any spread within the country.

“With Mpox now a public health emergency of international concern, we are committed to a multi-sectoral response to contain the outbreak in Nigeria. In collaboration with WHO and partners, we will ensure effective, timely, and a more coordinated response across the priority states.” – Dr Jide Idris, Director General, Nigeria Centre for Disease Control (NCDC).

Since 2022, Mpox Outbreak in Nigeria, WHO has swung into action to support Nigeria to contain the outbreak. With the declaration of Mpox as a PHEIC, WHO for Nigeria jointly with NCDC organised a Mpox briefing with partners and key stakeholders in the country. Some of the partners present included public health experts, government officials, international partners, diplomatic missions, reputable media organisations, and civil society including representatives from the United Kingdom, United States, Belgium, Japan, Malaysia, Indonesia, South Africa, Canada, Vietnam, World Bank, and United Nations Agencies such as UNICEF, UNFPA, and IOM.

As of 31 August, Nigeria had recorded 48 laboratory-confirmed Mpox cases. As such, the high-level stakeholder briefing jointly conducted by WHO and NCDC aimed at reviewing the epidemiological situation, discussing strategic approaches for Nigeria’s preparedness and response, and coordinating efforts moving forward. As the lead in global health, the World Health Organization has committed to supporting the country to contain the outbreak and ensure crucial information is made available, thereby improving the specificity of the Mpox response across the high-burden states in the country.

RESPONSE TO FLOODING ACROSS STATES IN NIGERIA

The torrential rainfall in Nigeria has led to a widespread of flooding, which is impacting lives, infrastructure, and the health of the public. [As of 3 September 2024](#), over 611 000 persons affected, 225 000 persons displaced, and 83 000 houses affected across 29 states. Of these states affected, Bauchi, Jigawa, Niger, Sokoto, and Zamfara have the most affected persons in the states. Across 15 states, the flood has claimed the lives of 201 persons. Of the 15 states, Kano and Jigawa have the highest fatalities with 35 and 34 deaths respectively. Within the week of reporting, 115 000 hectares of farmland have been destroyed by flooding, posing a significant threat to food insecurity in the affected areas.

Due to the flooding, these affected persons are now at risk of both waterborne and vector-borne diseases. Below is the health impact caused by the flooding:

- **Displacement and access to healthcare services:** the displacements have resulted to temporary shelters being overcrowded with limited access to clean water, sanitation, and delivery of essential health services such as immunization. and maternal health care.

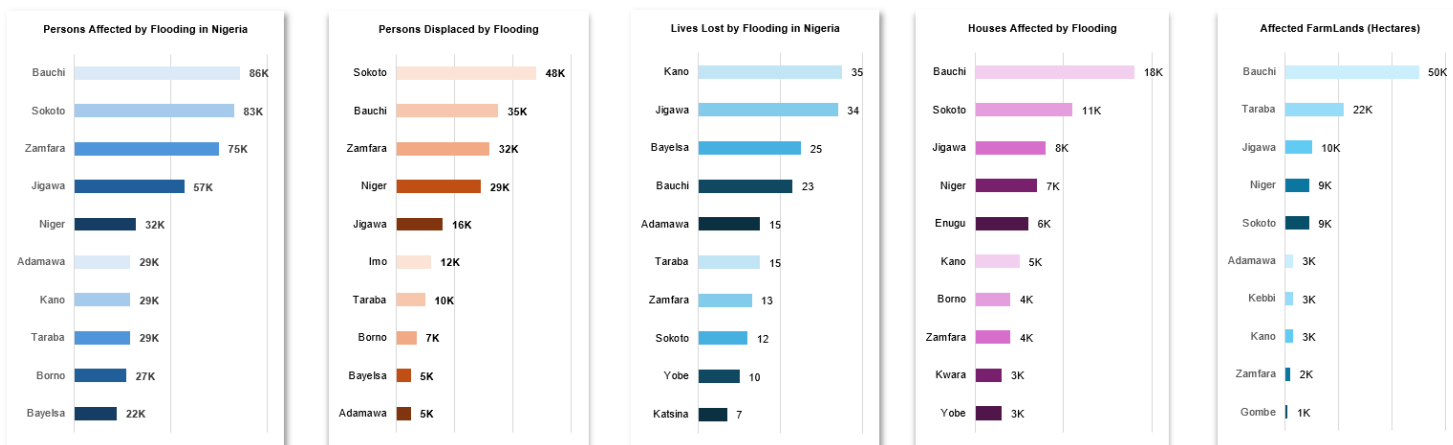


Persons displaced in Jigawa state living in temporary locations due to the heavy flooding. © WHO



Handover of IEHK kits and essential medical consumables to the Government of Jigawa state. © WHO/Zainab Mohammed

Chart Displaying (Top 10) the number of persons affected, displaced, lives lost, houses affected, and farmlands (hectares) affected by flooding in Nigeria



Source: National Emergency Management Agency (NEMA) – [Link: https://nema.gov.ng/2024-flood-update-as-at-3rd-september-2024/](https://nema.gov.ng/2024-flood-update-as-at-3rd-september-2024/)

- **Increased risk of waterborne diseases:** the contaminated water sources and poor sanitation has led to a spike in suspected cases of acute watery diarrhoea in the flood-affected states and diagnostic confirmation is ongoing.
- **Increased risk of vector-borne diseases:** the stagnant water left by floods provides breeding grounds for mosquitoes, thus increasing the risk of malaria and other mosquito-borne diseases. There is also concern about the spread of leptospirosis and other infections related to rodent populations, which often increase during floods.
- **Strain on health services:** although, the number of health facilities are being assessed, information revealed that several primary health centres have either been disrupted or inaccessible by the flood, thus, making the delivery of basic health services difficult.

WHO Technical Support and Operational Response:

WHO as the global lead in health is providing technical support to the states affected by flood including the deployment of expert to strengthen surveillance activities (improving early detection), conduct risk assessment, Prevention of Sexual Exploitation, Abuse and Harassment (PRSEAH) among the affected populations, and operationalization of the state's rapid response teams for effective and prompt response to potential diseases. To sustain the progress made by one of the affected states in Nigeria, WHO has donated 10 basic Intra-agency Emergency Health Kits (IEHK) and 10 malaria IEHK kits to the Government of Jigawa State.

Additionally, as part of the coordinated efforts to support the government, WHO also advocated to the United Nations Children's Fund (UNICEF) which led to the donation of additional 500 Acute Watery Diarrhoea (AWD) community kits, 100 periphery kits, 500 WASH and dignity kits, and some antibiotics and ORS. Other international and local partners are also being coordinated to ensure a unified response in supporting the Government.

WHO will continue to work closely with the Nigeria Emergency Management Agency (NEMA), State Ministries of Health (SMoH), line ministries/agencies, and partners to monitor the situation and scale it's response to mitigate the impact of flooding on the health of the public.



After donation of IEHK kits and essential medical consumables to the Government of Jigawa state. © WHO/Zainab Mohammed

COORDINATION/HIGH-LEVEL ADVOCACY FOR CHOLERA AND MPOX

Across Priority Areas for Multisectoral Interventions (PAMIs) in the country, the World Health Organization (WHO) has supported the Government in ensuring gains made in containing the outbreak of cholera is sustained. This strategic support provided under this thematic area has been crucial in the overall response. Meanwhile, across these areas, the Nigerian Centre for Disease Control (NCDC) with support from WHO ensured partner coordination meetings were held to guide stakeholders on effective response, including areas that are hard to reach. Aside from WHO, some of the partners that have been consistent since the inception of the outbreak of cholera include UNICEF, IOM, IFRC, Breakthrough Action, Save the Children, and MSF. On the other hand, WHO has been strategic in supporting the Government through the NCDC to effectively control the Mpox outbreak, since its declaration as a Public Health Emergency of International Concern (PHEIC) on the 14 August 2024. Currently, international and developmental partners are being mobilized to support the Government across the country to control the outbreak.

Within the week of reporting, more than 20 partner coordination meetings were organized to ensure effective coordination in the response for both cholera and Mpox. Across the priority states, over 25 high-level advocacies were conducted to improve the overall outbreak response. These strategic advocacies included the Commissioners for Health, Directors, and Traditional and Religious Leaders, which are aimed at enhancing participation, ownership, and commitment from the Government and Community Leaders toward effective response.

Additionally, WHO leveraged its community structures such as the local government facilitators to ensure partner coordination is held across the priority states. As of 31 August 2024, at least 5 partners supporting the government across the priority areas participated in the local coordination chaired by the local government team.



HEALTH INFORMATION MANAGEMENT (HIM), SURVEILLANCE, AND LABORATORY

WHO has provided the much-needed support to the Government of Nigeria through the Nigerian Centre for Disease Control, Federal and States Ministry of Health to ensure quality data and improved surveillance activities. This support is aimed at enhancing the timeliness and effectiveness of the response. Across the priority states for multisectoral response for both cholera and mpox, WHO has provided on-the-job mentoring to the data management unit on data quality from the community level to the national. As of 31 August 2024, an estimated, 40 healthcare 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 guidance to improve the overall response across the country.

Meanwhile, Mpox is continued to be prioritized to ensure quality of response is championed across the country.

Currently, Nigeria has recorded 55 laboratory confirmed cases as of 31 August 2024. Of the 20 states to ensure proper management of data and availability of information products, the WHO has supported through the NCDC, Federal and States Ministry of Health to develop quality information products and situation reports.

This strategic approach is in line with WHO's Fourth Country Corporation Strategy (CCSIV) support to rapidly detect and sustain an effective response to all emergencies in Nigeria. Within the reporting period, the WHO-supported community structures (community informants, field volunteers, and local government facilitators) found and referred cases of cholera across the most affected states. Additionally, these community structures are also conducting active case searches for Mpox across these states of interest in Nigeria.



Experts from WHO conducted active case searches on Cholera in one of the Health Facilities in Edo State. © WHO/Grace Folusho

Across the priority states in Nigeria, WHO is supporting the NCDC, Federal and States government to strengthen laboratory activities. This includes continual technical support to the pillar, logistic support for sample referral and transport, provision of laboratory reagents and consumables as a catalytic support, maintenance and servicing of laboratory equipment including repair of damaged equipment, training on Bio-risk management and enrolment into External Quality Assessment (EQA) program to enhance quality of testing. On-the-job mentoring and guidance to community teams/healthcare workers (such as disease surveillance and notification officers, and state epidemiologists). These supports are geared toward improving turn-around time and quality of test results after samples are collected from the community. Over 75 of the state government's community team and healthcare workers have been provided with technical guidance on effective sample collection and other laboratory activities in the country.

For the Mpox response, WHO is supporting the Federal Government to strengthen the collection of samples and expediting testing using the Polymerase Chain Reaction (PCR) strategy. Additionally, WHO as a global lead in health, has supported the Federal Government to ensure laboratory centres across the country are equipped with the needed tools and medical consumables to rapidly conduct testing, thus improving the overall quality of the response.

“ A coordinated response is critical to containing the outbreak of both cholera and mpox. As part of WHO's global responsibility, we will continue to work closely with the Federal Government through the Federal Ministry of Health (FMoH) and the Nigeria Centre for Disease Control (NCDC) to ensure progress made so far is sustained across the priority states. These include intervention across hard-to-reach and under-served communities in the country.

– Dr Walter Kazadi Mulombo, WHO Nigeria Country Representative.



WHO supported to train Laboratory Focal Points and Disease Surveillance and Notification Officers on effective sample collection in Benin. © WHO/Grace Folusho

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

Currently, over 6 833 suspected cases of cholera have been recorded in Nigeria as of 31 August 2024, with a case-fatality ratio of 2.2% and 201 deaths across 266 local government areas. WHO across the country is providing support to the government across the three tiers (Federal, States and LGAs) to ensure partners are well coordinated in managing cases effectively. Across the Cholera Treatment Centres and Cholera Treatment Units, WHO is providing timely on-the-job mentoring, and guidance to healthcare workers to improve the quality of care and ensuring guidelines and protocols are followed in the treatment of cholera cases. Over 75 health personnel across the priority locations have been provided with the appropriate guidance on adhering to protocols and effective management of cases in the country.

Furthermore, Mpox is another emergency area that WHO is supporting the country, to properly manage cases across the priority locations. Within the week of reporting, WHO has provided on-the-job mentoring to the healthcare workers to ensure quality of response and ensured guidelines and protocols are available on the treatment of Mpox cases.

In addition, Infection Prevention and Control (IPC) and Water, Sanitation and Hygiene (WASH) activities are crucial areas in which WHO is supporting the Government to sustain the progress made. This includes providing technical guidance to the IPC focal points conducting IPC activities, ensuring frameworks and guidelines provided to the health centres are optimally being utilized, and coordinating partners to support WASH activities.



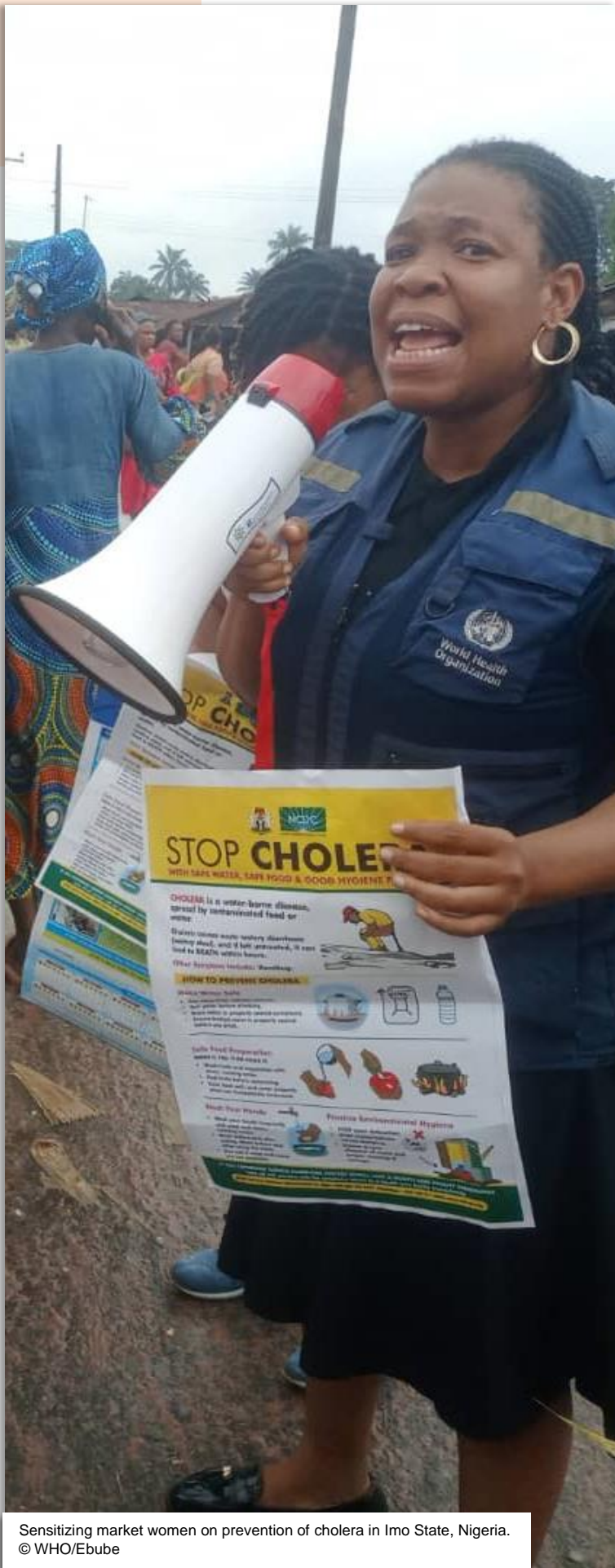
WHO supporting the management of cholera cases in Edo state, Nigeria. © WHO/Comfort Ali

RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE) / INFODEMIC MANAGEMENT (IM)

Outbreak response is one of the critical areas that WHO is supporting Nigeria to strengthen. WHO in collaboration with UNICEF ensured effective and timely coordination of partners supporting the government with risk communication activities within the reporting period. This effective coordination is aimed at improving the specificity of risk communication and infodemic management activities in the country.

Across the priority states, over 120 000 persons have been reached with preventive messages on both cholera and mpox through the community structures such as (community champions, local government facilitators, and field volunteers). Within the reporting period, suspected cases of cholera were reported to the nearest healthcare centres and given optimal attention to care. This referral is geared toward enhancing the effectiveness of documentation and proper management of cases.

Mass media and community engagement (such as focus group discussions and airing of radio jingles) are other strategies being leveraged to intensify health risk messaging across the priority states. At least 3 spot announcements have been aired across predominant radio outlets on the prevention of cholera. Additionally, WHO is supporting Nigeria to strengthen the activities of Mpox, this includes reviewing the strategies of Mpox activities across the country. As part of the commitment to ensure improved community engagement activities, community structures are being utilized to intensify awareness of Mpox. The team are also tracking, managing, and addressing infodemic across the priority states.



Sensitizing market women on prevention of cholera in Imo State, Nigeria.
© WHO/Ebube



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

OPERATIONS SUPPORT & LOGISTICS (OSL)

The operation support and logistics are critical areas WHO is supporting the Federal Government with to ensure optimal efficiency. Within the reporting period, WHO ensured timely transportation of all samples collected across the priority states. This logistics support includes transporting samples collected from the community level to the central (National Reference Laboratory) for testing. As part of WHO's commitment to strengthen the overall response and improve early collection of samples, WHO has supported the Government to preposition diagnostic test kits and collection swaps across priority local government areas in the country. Additionally, WHO has provided technical support to more than 50 healthcare professionals on effective sample collection, packaging and transportation of both cholera and mpox.



In Abuja, the Federal Government receives the donation of Mpx vaccine. © WHO/Eromosele Ogbeide

CHOLERA AND MPOX VACCINE

Currently, WHO is supporting the Government through the Nigerian Centre for Disease Control (NCDC) and the National Primary Healthcare Development Agency (NPHCDA) to effectively plan the implementation of the secured **4 472 396 doses** of Oral Cholera Vaccine (OCV). The OCV doses will target vulnerable persons across the priority states based on the epidemiological data. To ensure a timely response in containing the spread of Mpx in Nigeria,

On 27 August 2024, **10 000 doses** have been donated to the Nigerian Government by the United States Government. These vaccines will be administered in a two-dose schedule to **5 000 people** most at risk of mpx including close contacts of mpx cases and frontline healthcare workers.

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

“ *Across the priority states for both cholera and mpox, WHO is committed to mitigating the risk of sexual exploitation and gender-based violence. This commitment is in line with its fourth country corporation strategy (CCSIV) to address the root cause of violence, especially during emergencies like the cholera outbreak and mpox.* – **Dr Ann Fortin**, WHO Emergency Preparedness and Response Team Lead.

Across the priority states for multisectoral response, WHO provided technical guidance on the prevention of sexual exploitation and gender-based violence to over 50 community and healthcare professionals deployed to support the outbreak response. These community teams conducting interventions such as risk communication and active case search activities have also integrated key gender-based violence messages to ensure the risk of sexual exploitation among vulnerable and affected populations is mitigated. Within the

reporting period, the team across the priority states reached over 600 persons with the key messages. For the mpox preparedness and response, WHO has now established mechanisms to ensure all strategic and community structures such as the local government facilitators supporting the mpox response sign the code of conduct for preventing sexual exploitation as well as the no excuse form. Additionally, advocacies to government agencies and traditional/religious leaders were also conducted to encourage participation in preventing the risk of gender-based violence and exploitation during these emergencies (cholera and mpox).



WHO technical teams sensitizing Corp Members on prevention of cholera and mpox integrated with PRS/GBV key messages. © WHO/Attah Ahmed

Thank You...



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