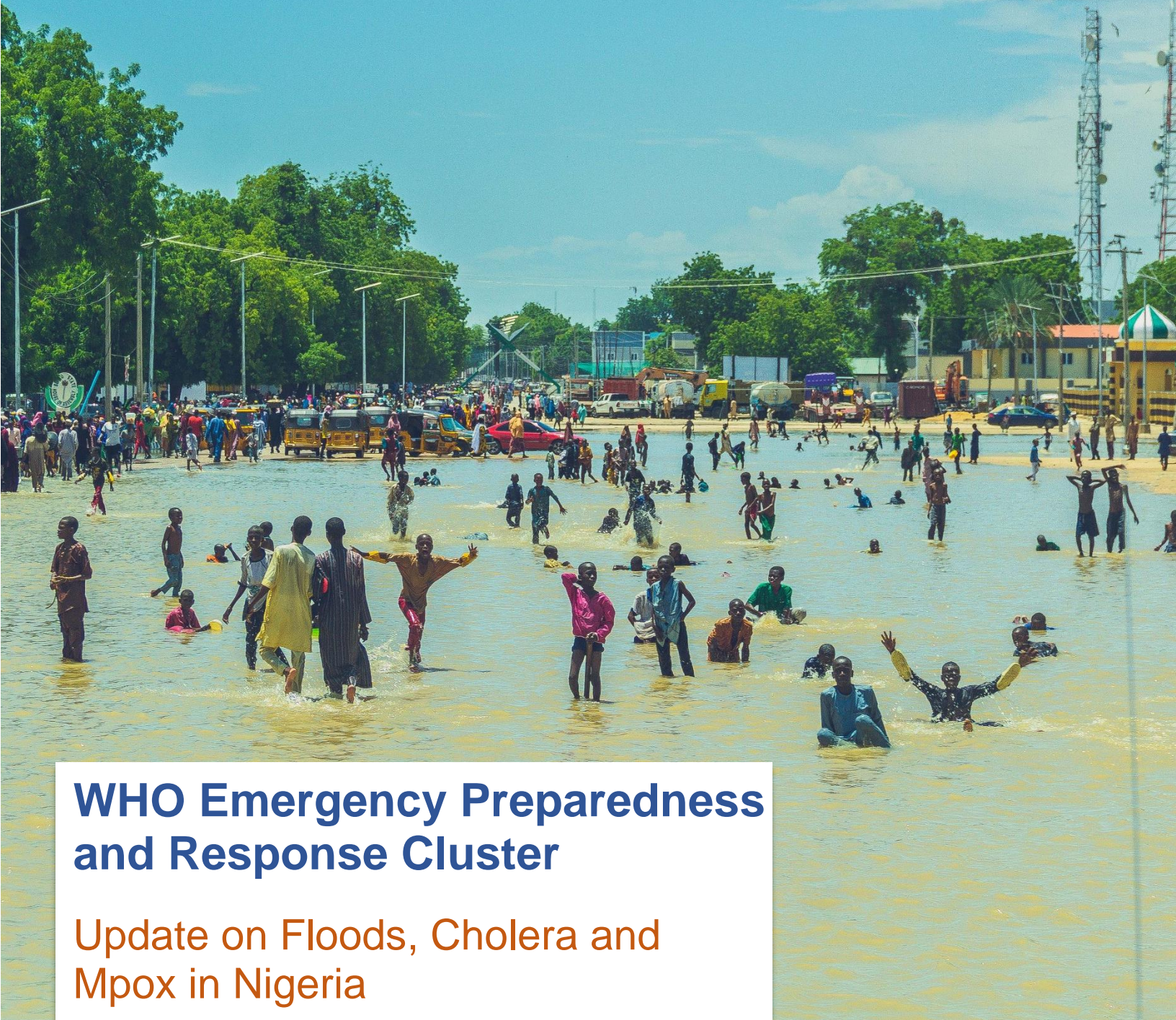




**HEALTH  
FOR ALL**



# WHO Emergency Preparedness and Response Cluster

Update on Floods, Cholera and  
Mpox in Nigeria

**1–30 September 2024**

Snapshot Bulletin No. 04



**World Health  
Organization**  
Nigeria

## QUICK EPIDEMIOLOGICAL INFORMATION AS OF 10 OCTOBER 2024



**13 629** suspected cases and **297** confirmed for cholera while **1 237** suspected cases and **84** laboratory-confirmed for Mpox in Nigeria

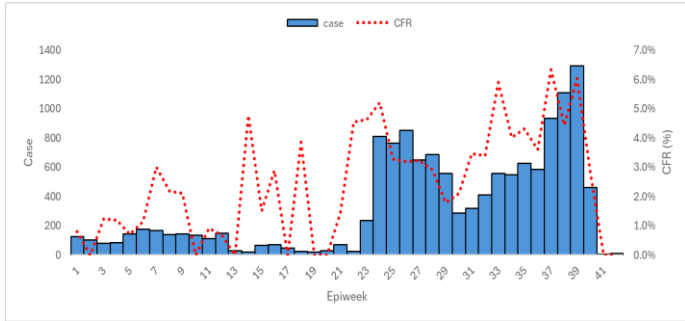


**516** cholera related deaths were recorded across the country while **0** for Mpox



**35** states + **FCT** have reported at least one case of cholera and **25** states + **FCT** reported at least one laboratory confirmed of Mpox

Trend of Confirmed and Suspected Cases of Cholera (Week 40)



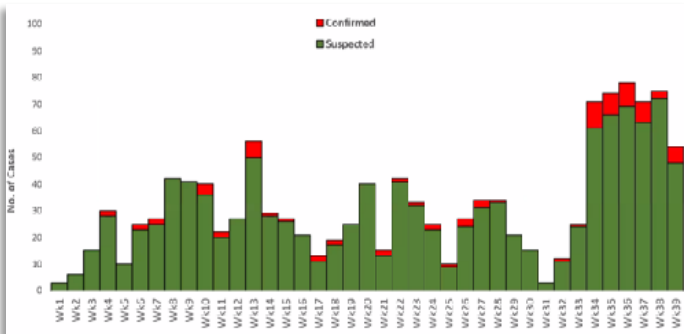
## KEY HIGHLIGHTS

- WHO has deployed over 50 public health experts and community teams to support flood victims across the priority states.
- WHO has donated at least 10 IEHK kits and other medical consumables worth over \$100 000 to flood-affected states such as Borno, Jigawa, Adamawa, and Yobe. These kits and medical consumables are geared toward ensuring the provision of urgently needed medical assistance.
- Within the reporting period (September 2024), WHO has continued to support the Government across all states to ensure an effective response in containing the ongoing cholera outbreak, Mpox and flood-affected states.
- With the technical support of WHO, over 287 708 eligible persons have received the oral cholera vaccine (OCV) in Borno State, and 199 371 persons in Adamawa State.
- WHO in collaboration with partners is working closely with key stakeholders to ensure other priority states such as Yobe, Bauchi, Sokoto, Kebbi, and Ebonyi.
- Other than the OCV campaign, other activities were conducted during the reporting period such as:
  - 175 000 vulnerable persons reached with integrated health risk messaging including cholera, malaria, and mpox across the priority states.
  - On-the-job mentoring/technical guidance to 200 persons on effective sample collection, and timely and early reporting of suspected cases for both cholera and mpox.
  - Over 25 partner coordination meetings were held to ensure effective & coordinated responses for both cholera and mpox outbreaks.
  - At least 40 high-level advocacies to government officials and traditional/religious leaders were conducted across priority states. This is geared toward effective participation in public health response including the states affected by floods.
- In addition, 75 healthcare professionals and community teams were provided with guidance on the effective integration of key messages on the prevention of sexual exploitation and abuse in emergencies. Within the reporting period, over 65 000 persons were reached the key messages.

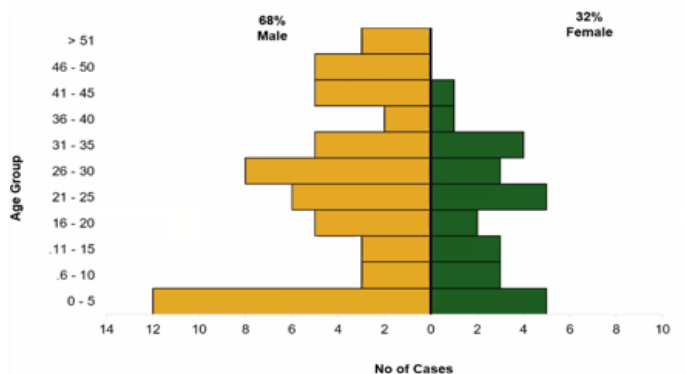
Distribution of Suspected and Confirmed Cholera Cases (Week 40)



Trend of Confirmed and Suspected Mpox Cases (Week 39)



Age and Sex Distribution of Mpox Confirmed Cases (Week 39)



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

## RESPONSE TO FLOODING ACROSS STATES IN NIGERIA

Many states in Nigeria have been affected by heavy flooding, mostly due to the consistent and heavy rainfall. From Borno state, which is in the northern part of the country to Jigawa state in the northwestern part of the country and Bayelsa state in the South-south region of Nigeria, have all been affected. As of 30 September 2024, both the government and citizens have recorded a monumental loss, this ranges from the loss of lives, properties/houses, hospitals/primary healthcare centres, farmlands, businesses, and assets.

The flooding has disrupted the provision of essential healthcare services and access to basic healthcare to vulnerable people living in underserved and hard-to-reach locations (mostly due to inaccessibility) across the country. Those affected cut across almost all age groups ranging from men, women (adults including pregnant women), children, and the aged. This emergency has caused a huge strain on the health system (both primary and secondary points of service) across the country, especially in the priority areas that require a multi-sectoral response/intervention.

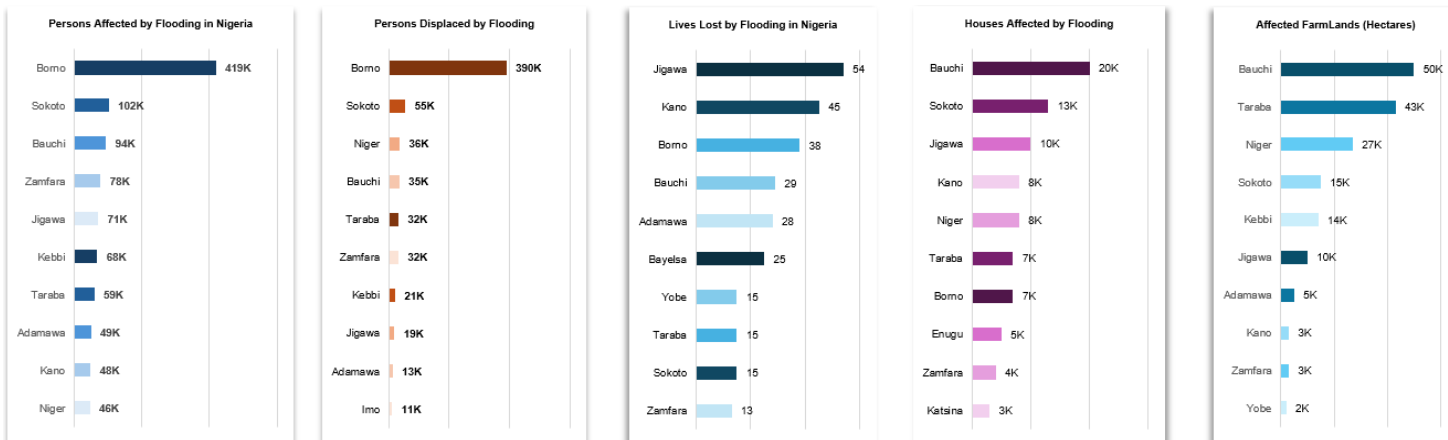


Persons displaced in Borno state living in one of the IDP camps due to the heavy flooding. © WHO/Ayodamola



Provision of quality and urgently needed medical services in priority states due to flooding. © WHO/Ayodamola

### 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/>

With over a million people affected rendering hundreds of thousands of them vulnerable and internally displaced, there's a continual risk of transmission of both water-borne diseases such as cholera, and vector-borne diseases such as malaria. Currently coordinated by the United Nations Office for the Coordination of Humanitarian Affairs (UN-OCHA), partners have unanimously pulled resources to provide life-saving intervention. These partners (UN, INGOs, NGOs, etc), cut across sectors such as health, food security, nutrition, WASH, protection, and shelter.

### **WHO Technical and Operational Support/Response:**

WHO has supported the Federal Government in ensuring the re-purposing of the Oral Cholera Vaccine (OCV) that is in-country, to the most affected states (including Borno, Adamawa, Yobe, Bauchi, etc). This is geared toward containing the cholera outbreak (which is affecting the floods-victim), especially transmission by increasing the population immunity, in addition to the standard prevention measures that are made available. As the lead agency in global health, WHO has sustained its technical and operational support to the priority states. This include ensuring the availability of technical experts to strengthen the emergency response, especially in surveillance, case management, infection prevention & control, health operations, risk communication, community engagement, infodemic management, laboratory, and leadership and coordination. Another crucial area WHO is strengthening is the prevention of sexual exploitation, abuse and harassment among vulnerable and exposed populations.

To complement the efforts of the Government, WHO has donated essential drugs and medical supplies including basic Intra-agency Emergency Health Kits (IEHK), and malaria treatment kits. This is to ensure basic healthcare services are provided to the flood victims across the country. As part of the commitment to ensure a well-coordinated response specifically in health, WHO will continue to work closely with the Government through its agencies (including the Nigeria Emergency Management Agency (NEMA)), State Ministries of Health (SMoH), line ministries, and partners to both monitor and scale-up response to mitigate the impact of flooding on the public.

*“ The unprecedented flooding has caused loss of lives and properties in Borno state including, affecting primary and secondary health facilities. I want to appreciate the timely response of the World Health Organization (WHO) on behalf of the Government. This commendable support complements the effort of the Government especially the donation of medical consumables and deployment of experts to support the health intervention. Together we will ensure Borno state comes out stronger than it was. – Professor Baba Mallam Gana, Honourable Commissioner for Health, Borno State.*



WHO donates cholera and severe acute malnutrition (SAM) kits to Borno state Government. © WHO/Ayodamola

## COORDINATION/HIGH-LEVEL ADVOCACY FOR FLOODING, CHOLERA AND MPOX

Coordination, leadership and high-level advocacies are crucial components in responding to emergencies to optimize resources and reduce duplication. Across the affected locations for multi-sectoral intervention, WHO has supported the government in coordinating partners to ensure timely and efficient implementation of key activities in the health sector. In some states that experienced torrential rainfall, thus the unforeseen flooding, WHO coordinated with partners to donate medical consumables and ensure essential and urgently needed healthcare services were provided to victims affected by the emergency, including deployment of mobile teams.

With the ongoing cholera outbreak being exacerbated by the 2024 flooding, WHO in collaboration with partners ensured the implementation of an oral cholera vaccination campaign across the affected local government areas. Additionally, to guarantee the quality of the campaign, WHO in collaboration with the National Primary Health Care Development Agency (NPHCDA) led the coordination of partners to support the process, ensured quality micro-planning, step-down training, and high-level advocacies to both state leaders and community/religious leaders to foster participation.

Meanwhile, for the Mpox response, WHO is coordinating with partners in the health sector in collaboration with the Nigeria Centre for Disease Control (NCDC) to unanimously sustain the gains made across the priority states, since the declaration of Mpox as a Public Health Emergency of International Concern (PHEIC).

Within this reporting period, at least 40 health sector partner coordination meetings were effectively organized to ensure timely response for the flooding, cholera and Mpox at the National and across the priority states. To encourage active participation and ownership in the response, especially at the lower levels, over 40 high-level advocacies were conducted. These strategic advocacies included the Governors, Commissioners for Health, Directors, and Traditional and Religious Leaders. Additionally, WHO leveraged its community structures such as the local government facilitators to ensure partner coordination is held across the affected communities. This is geared toward streamlining the emergency response and mitigating the risk of duplication of intervention.



Ensuring effective coordination meeting in one of the flood-affected states in Nigeria. © WHO/Ayodamola

## HEALTH INFORMATION MANAGEMENT (HIM), SURVEILLANCE, AND LABORATORY

Ensuring data quality is crucial to effective response to emergencies (flooding, cholera and Mpox). WHO has provided timely support to the Government through its Agencies and Line Ministries at the National and Sub-national levels to strengthen health information management and surveillance. This support is aimed at enhancing the timeliness and effectiveness of the response. Across the priority states for a multisectoral intervention to the flood-victim, cholera outbreak and mpox, WHO has provided on-the-job mentoring to the data management unit on data quality from the community level to the national.

During the reporting period, at least, 60 healthcare professionals were provided with on-the-job mentoring on timely reporting, case finding and retroactive case search, especially those in the flooded communities. Community teams from the state and partners conducting integrated active case searches for priority diseases across the priority locations were provided with operational materials like aqua-tab and technical guidance to support the victims in making informed decisions to protect themselves and their loved

ones. Meanwhile, Mpox continues to be prioritized to ensure the quality of response is championed across the country to monitor and identify new strains of the virus. Currently, Nigeria has recorded 55 laboratory-confirmed cases as of 30 September 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 in the development of high-quality information products and situation reports. This strategic approach aligns with WHO's General Programme of Work and the Fourth Country Corporation Strategy (CCSIV) 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 at least 125 cases of cholera, malaria, and mpox across the most affected states. Additionally, these community structures are also conducting active case searches for Mpox across the states in Nigeria.



WHO expert in collaboration with Yobe State Government conducting active case search and sensitization on cholera in one of the health facilities. © WHO/Aji Adam

The laboratory pillar plays a vital role in emergency response efforts. Across priority states, the World Health Organization (WHO) has collaborated with the Nigerian Government through the Nigeria Centre for Disease Control (NCDC) to strengthen laboratory operations. This support includes timely technical assistance to address challenges, logistical support for sample (at least 100) referral and transport.

On-the-job mentoring and guidance have been offered to laboratory personnel and healthcare workers, including disease surveillance and notification officers, and state epidemiologists. These efforts are aimed at improving the overall capacity of laboratory systems. Specifically, these personnel (ad hoc, healthcare workers, etc) work in priority communities that are affected by the Mpox.

The technical guidance provided is designed to improve both the turn-around time and the quality of test results after samples are collected from the community. So far, over 150 healthcare workers and members of the state government's community teams have received training in effective sample collection techniques, further enhancing the impact and efficiency of the emergency response.

*“ A robust health information management and surveillance are very crucial in every emergency. WHO across the priority states is relentlessly supporting the Government to strengthen the surveillance system in collaboration with the Nigeria Centre for Disease Control and partners. WHO remains committed to ensuring the quality of response including the development of timely information products to ensure improved response across the priority states. – Dr Walter Kazadi Mulombo, WHO Nigeria Country Representative.*



Training healthcare workers on effective sample collection of suspected case of Mpox in Cross River State. © WHO/Edoama

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

As of 30 September 2024, Nigeria has recorded more than **13 629** suspected cases of cholera and a 3.8% case fatality ratio with 516 deaths across 355 active reporting local governments. Since the outbreak was first reported, WHO has sustained its support to the Government across all levels to ensure lives are saved through effective case management and operational support. Within the reporting period, WHO has provided technical assistance and on-the-job mentoring to healthcare workers across all levels to enhance the quality of care leveraging available guidelines and protocols. At least 69 health personnel including those at the community level have been provided with real-time guidance across the priority states in the country. This support includes individuals who are victims of the 2024 heaving flooding and those in underserved communities.

Furthermore, Mpox is another emergency area that WHO is supporting the country, to properly manage cases across the priority locations. At least **1 237** suspected cases have been reported and 84 confirmed across 25 states + the FCT. Within the week of reporting, WHO provided on-the-job mentoring to the healthcare workers to ensure guidelines and protocols were available on the treatment of Mpox cases, thus improving the quality of response. In terms of IPC and WASH activities, WHO has supported the government to strengthen this pillar in collaboration with other partners. This support includes those that have been affected by the flood. Additionally, WHO ensured technical guidance to the IPC/WASH focal points is provided to encourage the quality of healthcare services across the priority states in the country.



Management and sample collection of suspected case of Mpox in Imo state, Nigeria. © WHO/Eronini



## RISK COMMUNICATION AND COMMUNITY ENGAGEMENT / INFODEMIC MANAGEMENT

Risk communication, community engagement and infodemic management are crucial areas in outbreak response which WHO has supported the Government in strengthening. In collaboration with the Nigeria Centre for Disease Control (NCDC) and partners such as UNICEF, WHO has ensured effective and timely coordination of key stakeholders within the pillar. This is geared towards improving operational activities at the priority locations, especially at the community level. In addition to leveraging key information for improved risk communication and community engagement response, infodemic management (through the insight report) is another core thematic area utilized to conduct effective community activities.

*“The World Health Organization (WHO) is a crucial and reliable partner to Bayelsa State Government. I must say, the intervention in the state has bolstered a more coordinated response and I must commend the organization for the timely support in ensuring awareness is intensified. – Professor Seiyifa Brisibe, Bayelsa State Honourable Commissioner for Health.*

Within the reporting period, over **175 000** persons have been reached across the priority states with preventive health risk messages on cholera, Mpox, and malaria. These persons were reached through WHO-supported community structures (field volunteers, local government facilitators, community volunteers) and other ad-hoc structures. Over 100 suspected cases of cholera, malaria and Mpox were cumulatively found and referred through the local government’s disease surveillance and notification officer to the nearest functional health facility for proper and timely

management of cases. In addition, the mass media strategy has tactically been leveraged within the reporting period to intensify awareness on the prevention of diseases (cholera, malaria, and mpox), thus improving the risk perception of the affected population. Over 15 communities have been covered through motorized campaign intervention and announcement of over 60 spots across at least 10 radio stations. Phone-in programs, community dialogue, street rallies and town hall announcements/meetings are also crucial strategies used to reach at-risk populations with preventive messages. As of 30 September 2024, at least 30 advocacies to traditional and religious leaders and 15 engagements with youth groups and CSOs were held across the priority locations for multi-sectoral intervention. This is geared towards active participation in the overall response

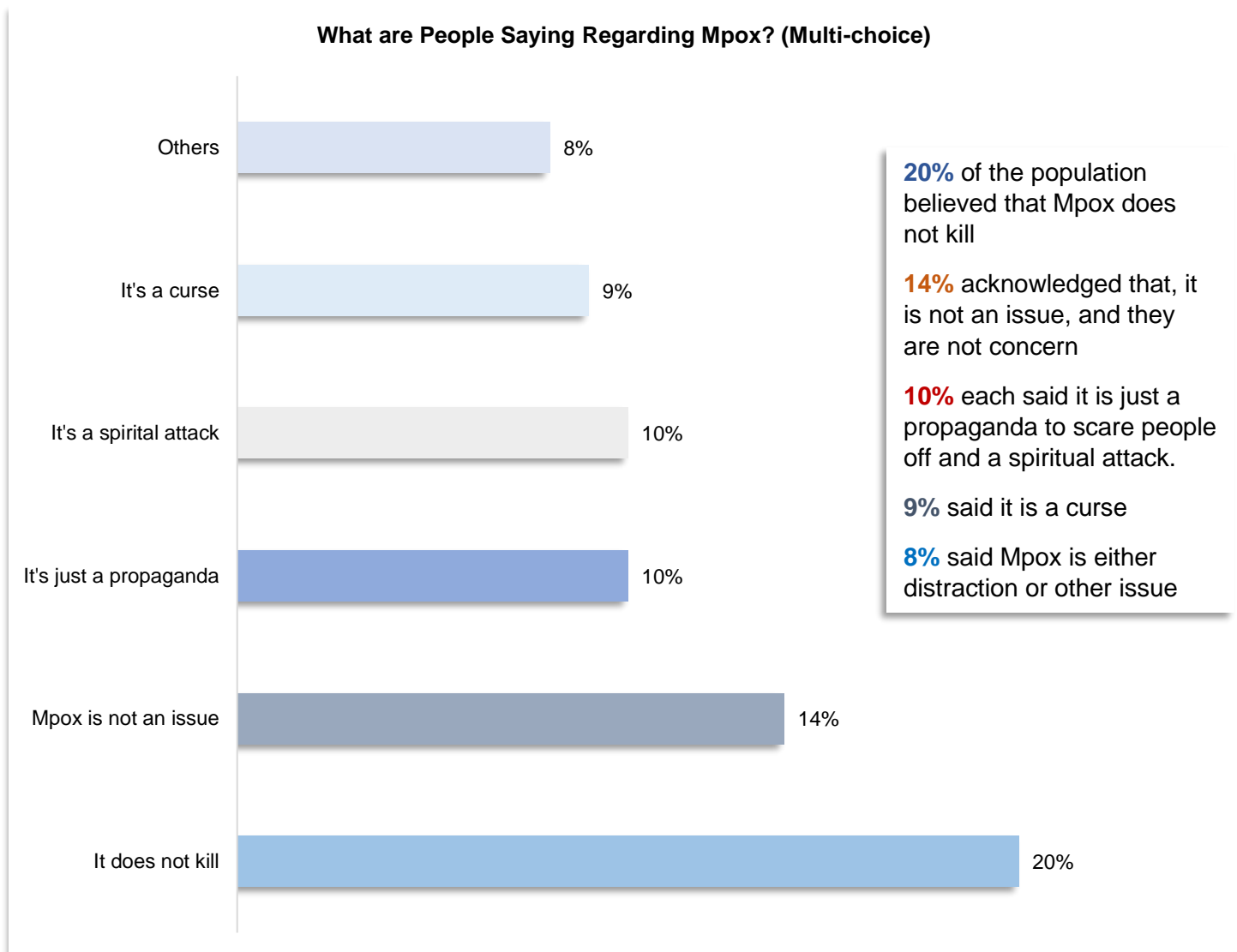


Street and community rally on prevention of Mpox in Bayelsa state in collaboration with the State Ministry of Health. © WHO/Marcus

## Infodemic Insight on Mpox

As part of the efforts to ensure enhanced risk communication and community engagement for Mpox intervention across the priority states in Nigeria, WHO has supported the Government to effectively manage infodemic. This support is geared toward ensuring a data-driven intervention especially addressing mis/disinformation, concerns from the community, information voids, narratives, and questions, for a better public health action in those locations.

Within the week of reporting, intelligence was garnered from **6 257** persons living across several communities in Nigeria. Of this number, 97% consented to sharing their views and perspectives regarding Mpox, and 51% of them were male while 46% of them were female. To ensure information is accurately garnered, a parameter was incorporated to ascertain if the populace have an idea what an mpox is. 57% of the respondents acknowledged that they do and outrightly mentioning at least one basic sign and symptoms of Mpox. Furthermore they (members of the community across the states), voiced their concerns especially what people are propagating across the community. This parameter is aimed at improving the specificity of the community engagement intervention which WHO and other partners are supporting the Government at the sub-national level with.





An eligible boy is seen receiving his oral cholera vaccine in one of the priority communities in Adamawa state. © WHO/Aisha

## ORAL CHOLERA VACCINATION (OCV) CAMPAIGN

To ensure the impact of the cholera outbreak is mitigated especially among the most vulnerable and at-risk population, WHO in collaboration with UNICEF and other partners has supported the government in ensuring the Oral Cholera Vaccination (OCV) campaign is rolled out in Borno and Adamawa state.

In Borno state, at least **287 708** eligible persons against **436 641** target populations eligible persons have received the oral cholera vaccine across 99 settlements, and 22 wards in 4 LGAs. Meanwhile, in Adamawa state, **199 371** persons against **187 003** target populations have received the OCV across 232 settlements, and 8 wards in Yola North LGA.

While Yobe state is set to implement its vaccination campaign, WHO is working closely with the National Primary Health Care Development Agency (NPHCDA) to ensure priority states such as Sokoto, Bauchi, Kebbi, and Ebonyi are supported with the oral cholera vaccine.



In Adamawa state, a traditional leader is seen immunizing an eligible child during the flag off. © WHO/Aisha

“*The flag-off of this Oral Cholera Vaccination Campaign (OCV) in Adamawa is very timely. I want to appreciate the World Health Organization (WHO) and other development partners on behalf of the Government for ensuring this (the campaign) is achieved. I must say, WHO’s relentless support to the Government is very valuable and timely. The organization has been on ground supporting the Government since the first suspected case of cholera was reported. Not just in this outbreak but other health interventions in the state, especially in coordinating partners to ensure more coordinated support.* – **Chief Felix Tangwami, Adamawa State Honourable Commissioner for Health and Human Services.**

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

*“Prevention of Sexual Exploitation Abuse and Harassment is a crucial thematic area in both outbreak response and emergency. Across the priority states including the flood-affected states WHO has established mechanisms in collaboration with key stakeholders to ensure the risk of harassment, abuse and sexual exploitation is mitigated amongst the vulnerable and at-risk populations. – Dr Ann Fortin, WHO Emergency Preparedness and Response Team Lead.*

During emergencies, WHO remains resolute in mitigating the risk of gender-based violence and sexual exploitation and abuse. Within the reporting period, WHO ensured awareness on prevention of sexual exploitation and abuse is enhanced including across the flooded communities and at-risk populations to the ongoing cholera and Mpox outbreak. At least 65 000 people were reached through an integrated approach with Prevention of Sexual Exploitation, Abuse and Harassment (PRSEAH) and Gender-based Violence (GBV) key messages. These persons were reached

through the community structures conducting interpersonal health risk messaging, community surveillance, and active case searches.

Over 75 community healthcare teams have been provided with on-the-job mentoring and guidance on incorporating PRSEAH and GBV key messages across the affected communities. WHO is leveraging the established mechanisms to ensure all structures such as the local government facilitators supporting the mpox response, flooding, and cholera outbreak sign the code of conduct for preventing sexual exploitation and 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 especially the flooding, cholera outbreak and the Mpox response.



WHO technical teams sensitizing healthcare professionals PRS/GBV key messages during emergencies in Edo state. © WHO/Grace

# Thank You...



Funded by  
European Union  
Humanitarian Aid

**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*