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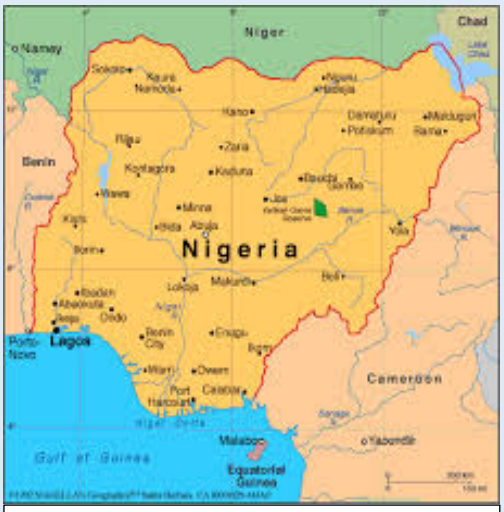
Cholera Outbreak claims 50 lives in Five Northern States in Nigeria

BACKGROUND



Map of Nigeria showing the affected States
Credit: Google Images

- Nigeria recorded its first Cholera epidemic near a Village in Lagos State, South-West Region of Nigeria on the 26th December 1970, with 22, 931 suspected cases and a cumulative fatality of 2,945 deaths. Till date, the year 1991 has the highest fatality of 7,654 deaths and 59,478 suspected cases[1].

- Between 1st January and 31st December 2017, a total of 4,221 suspected Cholera cases and 107 deaths were reported in twenty (20) States in Nigeria.[2]

- In recent, (between February and June 1, 2018), Cholera outbreaks in five states in Northern Nigeria have claimed the lives of 50 people leaving at least 3,039 suspected cases in Borno, Yobe, Adamawa and Bauchi States.

- Cholera is a bacterial disease caused by the ingestion of food or water contaminated with the bacterium 'vibrio cholera'[3]. Poor personal hygiene and environmental sanitation increases the risk of Cholera disease. Children between the ages of 0-5 years old are more at risk of contracting Cholera.

- Cholera, though highly contagious, is curable if detected early and vaccine preventable. Symptoms of Cholera disease include; nausea, diarrhoea, dehydration, vomiting, low blood pressure, muscle cramps.[4]

INCIDENT PROFILE

Between February and June 1, 2018, Cholera outbreaks occurred in nine States in Nigeria with five (5) Northern States recording death cases. A cumulative total of 3,039 suspected cases were recorded in Adamawa, Yobe[5], Borno and Bauchi States[6] and 50 cholera related deaths[7]. The figures of death could be more, as States continue to record isolated cases. States with recorded fatalities include; Borno State, 3 deaths; Yobe State, 15 deaths; Kano State, 4 deaths; Adamawa State, 16 deaths; Bauchi State, 12 deaths. Other States with suspected cases include; Ekiti, Ebonyi Kaduna and Zamfara States.

The World Health Organisation (WHO), however, linked the outbreak in Borno State to areas were vaccination was not conducted while the practices of open defecation[8] increased susceptibility to contacting Cholera. Other affected States reportedly traced the outbreak of the disease to water contamination. In the case of Adamawa State, 90% of residents in the affected Mubi LGA's- the second most populous town in the State rely on water supply from vendors who source water from boreholes meant for irrigation along River Yedzaram[9].

RISK ANALYSIS:

Since the first outbreak of Cholera epidemic in Nigeria, recurrent outbreaks are being recorded yearly though with a decline in death rates with the exception of the 1991 Cholera outbreak records. Its recurrence poses a major threat to public health and human security given the increasing number of reported cases and deaths. The consequences of humanitarian crisis as witnessed in States already ravaged by the Boko Haram insurgency and herdsmen onslaught are worrisome. The issues of forced displacement, inadequate and overcrowded IDP camps, poor access to water supply and sanitation, inadequate water treatment facilities, further represent significant high risk factors to vulnerability and transmission of Cholera disease in the affected areas.

The reactive approach of health agencies to combating the Cholera disease further exposes the challenges in the health sector in the country. This is compounded by the limited access of health care personnel to remote communities impacted by conflict, as witnessed in Borno, Adamawa and Yobe States, as it also inhibits delivery of basic health care services. From disaster preparedness and response, community awareness and preventive education to availability of data contribute to the difficulties in containing health emergencies in the affected region of the country. A case in point is the available statistics highlighted above, as the number of deaths and suspected cases gradually increased despite recording a first outbreak in February 2018.

In view of the vulnerability to Cholera disease, data generated from WaterAid Nigeria in its 2018 report, indicated that, about 33% (60 million) of the country's population are living without adequate access to clean water; 67% (over 120 million) do not have decent toilets and 26% (about 47 million people) practice open defecation[10]. Thus, an effective outbreak control intervention including the provision of safe water, sanitation and personal hygiene represent critical indicators towards sustainable solutions to Cholera epidemic. The Ministry of Health at the Federal and State levels in collaboration with International Health Agencies have made considerable progress to scale up response operations in tackling the disease. Even though efforts by Federal and State Governments have been scaled up, the spate of Cholera outbreaks and death tolls in the country left more to be desired.

MECHANISMS FOR INTERVENTIONS

- The United Nations, through the Nigeria Humanitarian Fund allocated two million dollars to support response to Cholera Outbreak in Yobe State, North-East Region of Nigeria[11]. The funds will enable humanitarian partners provide safe water to over 1.6 million people, improve sanitation of affected communities and enhance the technical and human resource capacity of community health personnel, equip local health facilities with diagnostic and treatment equipment in hotspot areas for early detection of suspected cases and treatment.
- The Ministry of Health in partnership with the World Health Organisation (WHO) and partners of the Global Task Force on Cholera Control (GTFCC) began an oral cholera vaccination (OCV) campaign in Nigeria, funded by Gavi, the Vaccine Alliance[12] with the deployment of health personnel to curb the transmission rate of Cholera epidemic.

- The State Ministry of Health has commenced the chlorination of water sources and decontaminated the environment to curb the spread of Cholera disease in the affected communities.
- National and State Laboratory providing laboratory confirmation services by testing stool culture of infected and suspected cases. Cholera treatment centres set up by State Ministries of Health with the support of WHO to curb the rising number of cases in the State.

RECOMMENDATIONS

- The Nigerian Government should leverage on opportunities provided by ECOWAS-West Africa Health Organisation (WAHO) on health infrastructures and interventions, as this would also support the achievement of the 2030 agenda on 'ensuring healthy living and well-being for all'- 'Goal 3' of the Sustainable Development Goals (SDG's).
- Inter-agency collaboration between Ministry of Health, Water Resources, Environment, Education, Housing and humanitarian agencies to contain the disease spread by ensuring an improvement in access to water supply and sanitation in rural communities, while the implementation of the roadmap to eliminate open defecation at the State and Local Government levels should be a priority, as part of measures in tackling water borne disease.
- State Ministry of Health in collaboration with humanitarian agencies should intensify its local coordination and surveillance mechanisms for early detection and mapping of Cholera hotspots as well as conduct pre and post vaccination campaign assessments bi-annually to evaluate the impact of the campaign and also identify communities not accessed.
- Increased sensitization campaign by the State Ministry of Health in collaboration with Civil Society Organisations and the Media in rural communities on the causes, symptoms and prevention of Cholera as well as other health related threats.

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