



HEPATITIS E OUTBREAK IN BORNO STATE

Weekly Situation Report No.4: 15 July 2017

Borno State Ministry of Health



Highlights

- ✓ The number of cases of hepatitis E are still increasing in Ngala (391 cases), Damasak (43 cases) and in Monguno (23 cases) compared to the previous week.
- ✓ A total number of 42 samples were positive out of 66 (64%).
- ✓ WASH and social mobilization activities were sustained in Ngala with the support of partners,
- ✓ Surveillance training has taken place in Monguno.

Epidemiological summary:

- The total number of confirmed and suspected cases reported is 461 including 42 confirmed cases
- In Ngala, the number of infected pregnant women was 43 (10%) as of 15 July, including four deaths (CFR = 9%)
- A total number of 228 samples were collected so far and 66 tested. A total number of 42 samples were positive out of 66 (64%).

Table 1: Number of cases, deaths and laboratory diagnosis of Hepatitis E cases as of 15 July 2017

SN	Description	Ngala	Mobbar	Monguno	Askira Uba	Bayo	Chibok	Gubio	Total
Cases									
1	Total cases (suspected + confirmed)	391	43	23	1	1	1	1	461
2	Total Laboratory confirmed	28	8	3	0	0	0	0	39
Deaths									
4	Total deaths in confirmed cases	-	0	0	0	0	0	0	0
5	Total deaths in suspected cases	-	0	0	0	0	0	0	0
6	Total Deaths	4	0	0	0	0	0	0	4
Laboratory									
7	Number of specimen pending	114	35	12	1	1	1	1	165
8	Total specimen tested positive	28	8	3					39
9	Total specimen tested negative	14	5	4	1				24
10	Total specimens collected	156	48	19	2	1	1	1	228

The number of acute jaundice cases was the highest in Ngala (391 cases) with 118 cases reported in weeks 27. The number of hepatitis E cases peaked in Mobbar in week 26&27 (12 cases), and in Monguno (8 cases) in week 28.

Table 2a : Number of Hepatitis E cases reported weekly in Mobbar LGA

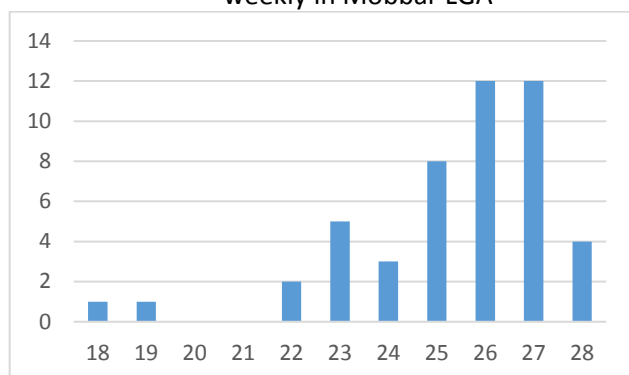


Table 2b: Number of Hepatitis E cases reported weekly in Monguno LGA

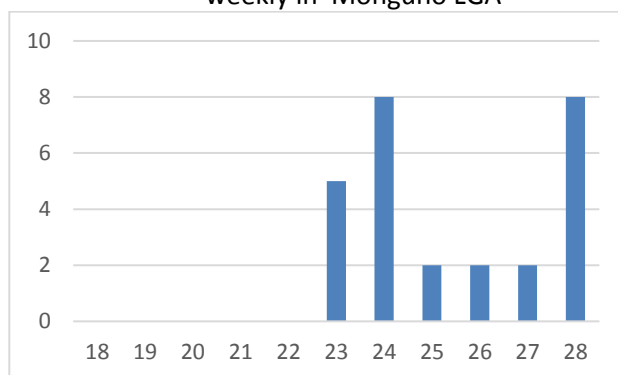
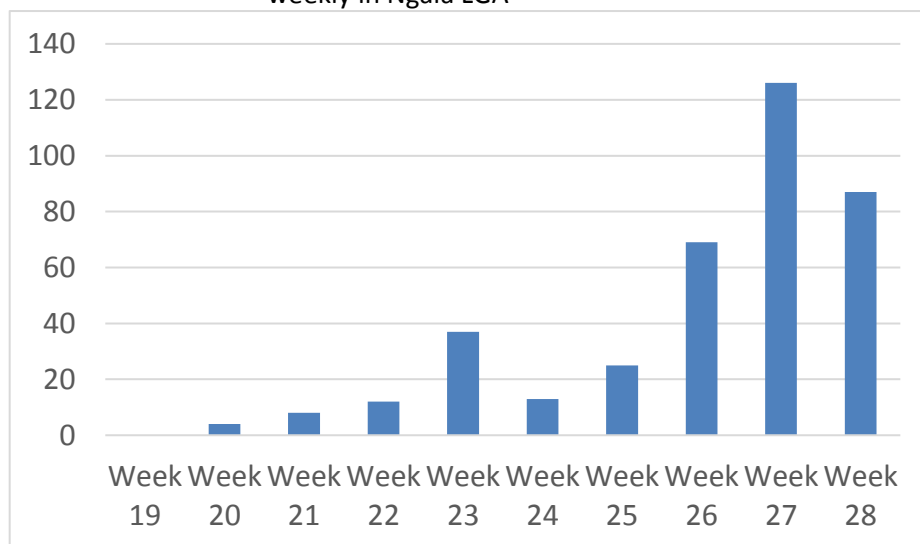


Table 2c : Number of Hepatitis E cases reported weekly in Ngala LGA



Response:

Coordination

- ✓ Coordination meeting with the LGA Team and Partners in Munguno on 11 July
- ✓ In Ngala, the LGA/State RRT is expected on ground

Case Management

- ✓ In Ngala, MSF has completed an isolation unit for Pregnant women and new-borne with HEV. UNICEF and FHI 360 clinics are managing the increasing case load of HEV infected patients.
- ✓ Case management training is planned for clinicians

Surveillance

- ✓ A case reporting system has been set up with all 3 facilities (MSF, UNICEF, FHI 360 Clinic) in Ngala IDP camp , through partners.
- ✓ In Monguno, surveillance focal persons were trained on data collection using the ODK application. The collection of samples and investigation of suspected cases is on-going. The sensitization of clinicians has so far been conducted at the Water board IDP camp UNICEF clinic, and NRC IDP camp AAH clinic.

Laboratory

- ✓ 165 specimen collected are pending for testing and results.
- ✓ 66 specimen were collected.
- ✓ The LUTH laboratory is running out of reagents, but will be procured
- ✓ Yellow fever sample tested Negative in the regional reference laboratory in Dakar

Risk Communication and Social Mobilization

- ✓ IEC materials were distributed in Ngala camp by Partners
- ✓ Health education, environmental and hygiene promotion activities continued in Ngala.
- ✓ Community sensitization with the Bulamas in the Ngala camp.
- ✓ In Monguno, social mobilization activities will begin after July SIPDs using the network of VCMs and VWS to distribute WASH related NFI materials at Gana Ali, Water board, Kuya and Bakasi areas.
- ✓ IOM had meeting with camp Bulamas and discussed modalities for awareness campaigns at the GGSS and GSSSS IDP camps.

WASH/BOSEPA Response

- ✓ The rehabilitation of two water points has started within the international school IDP camp with one extension of water to the FHI360 clinic.
- ✓ Volunteers continue to monitor latrines/showers cleaning by IDPS using the latrine cleaning tools distributed for all 195 functional latrines in the International School IDP camp
- ✓ Hygiene kits distributed targeting 600 pregnant women
- ✓ Construction of latrines in Ngala, in order to stop using the shallow latrines
- ✓ Water samples collected
- ✓ Training for chlorination
- ✓ Dissemination of aquatab
- ✓ 100 blocks of latrines to be constructed (space to be identified by bulamas)
- ✓ Bulamas and community are engaged in cleaning the environment
- ✓ In Monguno, UNICEF has sunk a free flow borehole at water board IDP camp, and a bore hole was constructed at GGSS IDP camp.

Challenges

- ✓ Poor security access in the high risk LGAs
- ✓ Flooding and heavy rainfall preventing conduct of activities in Ngala
- ✓ Accommodation to be found for the RRT
- ✓ Limited number of LGA PHC staff.

Action points

- ✓ **Organized team to be based in Ngala:**
 - LGA DSNOs, LIO, PHC coordinator, Health educator, clinician, nurse, midwife, CHEW, environmental health officer, veterinary,
 - State RRT: Dir. of Disease Control (IM), State laboratory focal person, RUWASSA, State health educ., BOSEPA (environmental officer)
- ✓ **SEMA:** decongestion of shelters
- ✓ **WASH:**
 - Treatment of water sources ongoing/provision of potable water
 - Hygiene promotion ongoing

- Drainage to be opened (end point to be identified) through community effort +/- motivation, providing tools: ongoing
 - Sludge management: permanent disposal site, specific effort to be done. BOSEPA starts with Monguno, Ngala
 - Cleaning of the environment on Saturdays
 - Advocacy to the director of RUWASA to construct a borehole in Ngala
- ✓ Social mobilization and health promotion:
 - Boiling of water
 - IEC material needs to be revised
 - Group education (RRT)
- ✓ Case management
 - Case management protocol available through WHO,
 - Government Health Personnel to be deployed
 - Planning of onsite training for clinicians.
- ✓ Surveillance :
 - Provision of data collection tools
 - Identification and training of surveillance focal persons.

