Letter to Editor

World Health Organization intervenes to contain the 2017 cholera outbreak in the Borno State of Nigeria

Dear Editor,

Cholera is an acute diarrheal disease that accounts for close to 2.6 million cases and almost 0.82 million deaths on an average each year worldwide.^[1] The Borno state in Nigeria is experiencing a major humanitarian crisis, with around 7 million people in need of humanitarian assistance.^[2] Moreover, close to 67% of the health-care establishments have been partially or completely damaged in the ongoing conflict, and thus, people are devoid of essential health-care services.^[2] A recent outbreak of cholera has been reported in a camp for internally displaced individuals in the peripheral areas of the capital of the state, which in itself is a home to almost 45,000 individuals, who have been displaced either due to the conflict or because of the famine.^[3] This outbreak got detected early due to the intensification of efforts by different stakeholders toward strengthening of surveillance and monitoring activities.^[3,4]

One of the major predisposing factors is the prevailing malnutrition in the region as more than 5 million people have been exposed to food insecurity, and in amidst malnourishment, most of the preventable diseases (such as cholera and malaria) can be life threatening.^[3] It is vital to understand that early detection and prompt response to the suspected cases of cholera is a must to contain the outbreak as the disease can spread quickly to those regions with restricted access to safe and wholesome water, impaired sanitary conditions, and people with poor nutritional status.^[3,5]

The World Health Organization (WHO) has joined hands with the local health ministry, with an aim to extend essential life-saving health care by increasing the resilience of the health system, improve the quality and completeness of health surveillance, enhance the extent of collaboration between various health sectors, formulate effective plans to be prepared and respond to disease outbreaks in a scientific manner, periodically screen children for their nutritional status, and provide appropriate treatment to children presenting with disease-related complications.^[3-5]

To mount an effective public health response to the current outbreak, the WHO has established a cholera treatment center, and diarrhea disease kits have been distributed in the entire state to ensure an immediate response to the anticipated outbreaks in other parts of the state.^[3] In addition, a set of health professionals (comprising of doctors, nursing staff, laboratory personnel, and pharmacists) has been trained with regard to the management of the cases as well as regarding infection prevention and control.^[4] These empowered and trained staffs have been instructed to provide both institutional and community-based health-care services.^[4] In addition, efforts have been taken to promote the active search for cases and referring the suspected cases to health centers with the help of outreach workers.^[3]

Moreover, strengthening of the risk communication-related activities, such as sensitizing people about the risk of acquiring the disease, orienting them about management of diarrhea in domiciliary settings, motivating people to use chlorine tablets for household disinfection, and safe water storage.^[3,5] Further, trained surveillance team is keeping a watch over the sample collection and data management, to ensure that subsequent actions can be tailor-made based on the developments.^[1,3,5] Furthermore, there is a plan to roll out an oral cholera vaccination campaign if there is a significant rise in the incidence of disease.^[1,3]

To conclude, the ongoing outbreak of cholera should be regarded as a major public health concern, and all efforts should be taken to improve the water and sanitation conditions in the camps to prevent the occurrence of a major outbreak.

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Conflicts of interest

There are no conflicts of interest.

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REFERENCES

- World Health Organization. Cholera Fact Sheet No 107; 2017. Available from: http://www.who.int/mediacentre/factsheets/fs107/ en/. [Last accessed on 2017 Sep 05].
- Shrivastava SR, Shrivastava PS, Ramasamy J. Extending humanitarian assistance to people in the Borno state of Nigeria. Int J Health Syst Disaster Manag 2017;5:49-50.

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- Stremmel NB, Struck CJ. Acoustical standards news. J Acoust Soc Am 2017;142:1537.
- World Health Organization. Overview WHO Operations in North Eastern Nigeria; 2017. Available from: http://www. who.int/hac/crises/nga/nigeria-operations-update-june2017. pdf?ua=1. [Last accessed on 2017 Sep 05].
- Shrivastava SR, Shrivastava PS, Ramasamy J. Successful containment of the 2015 cholera outbreak in Iraq. Community Acquir Infect 2016;3:28-9. Available from: http://www.caijournal. com/article.asp?issn=2225-6482;year=2016;volume=3;issue= 1;spage=28;epage=29;aulast=Shrivastava. [Last accessed on 2017 Sep 05].

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