NIGERIA: OUTBREAK OF CEREBRO SPINAL MENINGITIS

THIS APPEAL SEEKS CHF 2,140,000 IN CASH, KIND AND SERVICES TO ASSIST 2,000,000 BENEFICIARIES FOR 3 MONTHS

Summary

An epidemic of Cerebro Spinal Meningitis broke out in northern Nigeria in late January 1996, quickly spreading to nine states in the country over the following month. Approximately 2,000 people have already died in the epidemic and unless further curative and preventive actions are taken, many more lives will be lost.

The Intended Operation

The International Federation and the Nigerian Red Cross Society (NRCS) intends to provide curative and preventive medical and other technical assistance to 2,000,000 people in the affected rural areas of northern Nigeria for three months.

The operation will consist of supplying antibiotics and other emergency supplies for 10,000 patients who have already contracted the disease. A further two millions doses of the Cerebro Spinal Meningitis vaccine (from the Institut Mérieux France) will be provided for the threatened population.

Health education material — including brochures and leaflets — will be produced, and in addition the Federation will assist the National Society with logistical support, financial aid and the technical assistance of a health delegate for Nigeria.
The Disaster

Two thousand people have already died in this epidemic of Cerebro Spiral Meningitis and thousands more are currently being treated in hospitals and temporary isolation camps set up in rural areas of the following nine states of Nigeria:

<table>
<thead>
<tr>
<th>States</th>
<th>Population</th>
</tr>
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<tbody>
<tr>
<td>Sokoto</td>
<td>4,392,391</td>
</tr>
<tr>
<td>Kano</td>
<td>5,632,040</td>
</tr>
<tr>
<td>Bauchi</td>
<td>4,294,413</td>
</tr>
<tr>
<td>Niger</td>
<td>2,482,367</td>
</tr>
<tr>
<td>Jigawa</td>
<td>2,829,929</td>
</tr>
<tr>
<td>Kebbi</td>
<td>2,062,226</td>
</tr>
<tr>
<td>C/River</td>
<td>1,865,604</td>
</tr>
<tr>
<td>Kaduna</td>
<td>3,969,252</td>
</tr>
<tr>
<td>Kwada</td>
<td>1,566,469</td>
</tr>
<tr>
<td>Total</td>
<td>26,264,762</td>
</tr>
</tbody>
</table>

About 15% to 20% of the populace in rural areas of these states are affected — constituting the most vulnerable groups with access to fewer medical and social facilities. The Nigerian Red Cross reports that the affected areas are accessible, though some are of rough terrain.

The outbreak was first reported in late January 1996 but the situation rapidly deteriorated as the epidemic took hold. The speed of the deterioration was due to the highly infectious nature of the disease plus poor hygienic conditions (both of personal hygiene and general environmental health), as well as extremely limited medical and social facilities in the affected areas.

The Response so far

Government Action ●
The Nigerian government has begun taking curative measures and the immunisation of the population, even supplying limited quantities of vaccines to health agencies. It also appealed to all citizens to go for immunisation against this dreadful disease. Government health workers in the nine states are working with the assistance of voluntary organisations and the Nigerian Red Cross Society.

Red Cross/Red Crescent Action ●
The National Society has been concentrating on preventive measures (public health education, dissemination) in the affected rural areas. Its also assisting immunisation teams from government health agencies.

The National Society organised a short assessment mission to some of the affected areas which, with data received from its local branches, provided the information for the compilation of this appeal. On February 29, the Federation published an alert to National Societies and other donors. It also released the same day CHF 100,000 from the Disaster Relief Emergency Fund (DREF) to begin supplying further assistance to the National Society.
The Federation’s West Africa Regional Delegation in Abidjan is coordinating the operation for the time being. The regional first aid delegate is now in Lagos and assisting the National Society. As mentioned in the Alert, a Federation health delegate will be leaving this week for Nigeria.

**Other Agencies’ Action •**
MSF France is already active in the field. Last Friday (1 March), 20 tons of material including 700,000 doses of vaccines arrived in Kano, where the organisation has installed its operational headquarters with a medical team of ten persons. Another 20 medical and other staff are expected to join the team this week.

WHO and UNICEF are working together with the Nigerian health services in the north of the country. WHO headquarters in Geneva reports that Nigeria is also currently affected by other potentially serious epidemics: a thousand cases of cholera have already been identified in-country, causing 15 deaths, while 50 cases of measles have appeared.

**Co-ordination •**
There is no national co-ordination body at the moment. However, state governments have been tackling the epidemics through its health ministries.

**The Needs to be met**

**Assessment of Needs •**
A rough estimation of needs has been carried out by the National Society and its state and local branches. Intensified preventive and curative measures for all those within the affected areas are of the utmost importance.

**Immediate Needs •**

**Curative Needs**
- The provision of medical facilities to treat the thousands of current and expected victims, including antibiotics, syringes, needles, etc;

**Preventive Needs**
- The provision of vaccines for a population of two million people;
- The intensification of immunisation and health education campaigns in collaboration with local government health authorities in the affected and neighbouring areas.

**Anticipated Later Needs •**
For the longer term, it is anticipated that the Nigerian Red Cross Society will continue the health education campaign, through its branches, for a further two years in order to help rural communities prevent the future outbreak of Cerebro Spinal Meningitis and Cholera. These National Society activities will also focus on the training of more volunteers in community-based health care.

**Red Cross Objectives**

- To reduce the mortality rates caused by the present epidemic through the swift provision of medical care for those people who have contracted the disease, while working in collaboration with various government agencies (local government, ministries of health, etc).
- To prevent the further spread of Cerebro Spinal Meningitis and cholera in northern parts of Nigeria through the participation of the Federation/NRCS in a major immunisation campaign.
To produce effective and efficient health education campaigns which assist local communities to reduce their present and future vulnerability to these diseases.

**National Society/Federation Plan of Action**

Due to the lack of adequate health and social facilities in some rural areas of the affected states, the Federation — in collaboration with the Nigerian Red Cross Society — is planning to assist the local communities in curative and preventive activities for three months by:

- Organising vaccination operational teams — including Red Cross doctors, nurses, and volunteers as well as public health nurses — to work together with local health structures in the affected states. This vaccination activity will require 2,000,000 doses of CSM vaccines (from the Institut Mérieux France), plus syringes and other basic medical supplies;
- Undertaking information and dissemination activities to explain prevention measures using brochures and pamphlets produced by the Red Cross;
- Complementing the activities of the Nigerian government by providing basic drugs such as chloremphenicol and antibiotics for 10,000 people who have already contracted Cerebro Spinal Meningitis. These supplies will be put at the disposal of the existing rural health structures, which will work in collaboration with the NRCS.

Due to the communication difficulties within Nigeria and the large geographical area of the operations, four four-wheel-drive vehicles will be required. Cold boxes and cold elements for the transportation of vaccines to the isolated areas are also needed.

**Capacity of the National Society**

The Nigerian Red Cross Society has a large network of branches and volunteers across the country, making the large-scale introduction of expatriate delegates unnecessary. The NRCS national headquarters contains six key members of management with another two in each of the state branches. Advisers in different functional areas are available both at a national and branch level, while the majority of the field workers are volunteers, some of whom are trainers in first aid and disaster relief operations.

The National Society is already utilising staff and volunteers with a high degree of technical proficiency. In total, 300 Red Cross volunteers — including nurses and doctors — will be involved in this operation and they will work in close collaboration with the Federation health delegate over the next three months.

**Budget summary**

See Annex 1 for details.

**Conclusion**

The rapid spread of this terrible disease poses a major threat to the lives of millions of people in northern Nigeria. In concert with the country’s existing health structures and the work of other humanitarian organisations, the Federation and Nigerian Red Cross Society hope to contain the epidemic and successfully treat those who have already contracted the disease. The Federation urges donors to support this timely and important appeal.
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George Weber
Secretary General