



# Cholera Situation Report

## WEEKLY EPIDEMIOLOGICAL REPORT 19

Epidemiological week 42: (18 October to 24 October 2021)

### Key Points

Table 1: Summary of current week (Epi week 42, 2021)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
254	6	2.4%	6	4

Table 2: Cumulative summary from Epi week 1 - 42, 2021

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
93,932	3,293	3.5%	33	376

### Week 42 Highlights

- Thirty-two states and FCT have reported suspected cholera cases in 2021. These are Abia, Adamawa, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ebonyi, Ekiti, Enugu, FCT, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ogun, Ondo, Osun, Oyo, Plateau, Sokoto, Taraba, Yobe, Rivers and Zamfara
- In the reporting week, 6 states reported **254** suspected cases - Yobe (135), Adamawa (95), Zamfara (16), Gombe (6), Katsina (1) and Sokoto (1)
- There was a **39% decrease in the number of new suspected cases** in week 42 (254) compared with week 41 (417)
- Yobe (135) and Adamawa (95) account for 91% of 254 suspected cases reported in week 42
- During the reporting week, no state reported Cholera Rapid Diagnostic Tests (RDT) as well as stool cultures
- Of the cases reported, there were six deaths from the two states reporting with a weekly case fatality ratio (CFR) of 2.4%
- No new state reported cases in week 42
- The national multi-sectoral EOC activated at level 02 continues to coordinate the national response

### Cumulative Epi-Summary

- As of 24<sup>th</sup> October 2021, a total of 93,932 suspected cases including 3,293 deaths (CFR 3.5%) have been reported from 32 states and FCT in 2021
- Of the suspected cases since the beginning of the year, **age group 5 - 14 years** is the most affected age group for male and female
- Of all suspected cases, **50% are males and 50% are females**
- Three states - Bauchi (19,452 cases), Kano (12,116 cases), Zamfara (11,100 cases) and Jigawa (10,763 cases) account for 57% of all cumulative cases
- Twelve LGAs across five states Bauchi (4), Zamfara (4), Jigawa (2), Kano (1), and Katsina (1) have reported more than 1,000 cases each this year

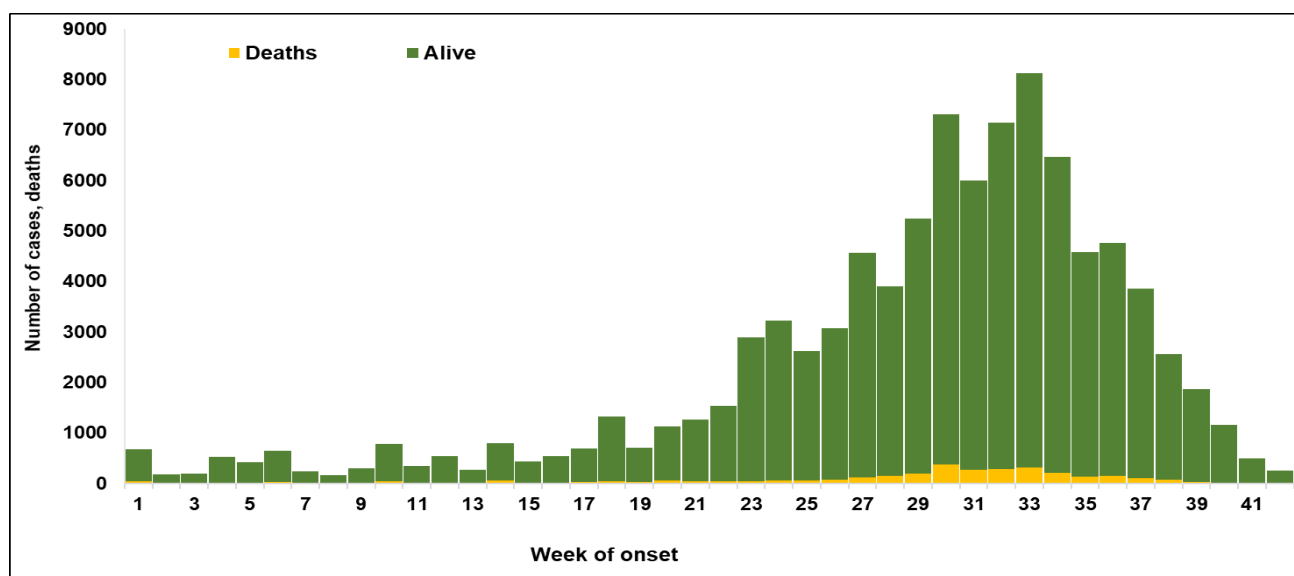


Figure 1: National Epidemic curve of weekly reported Cholera cases, week 1 to week 42, 2021

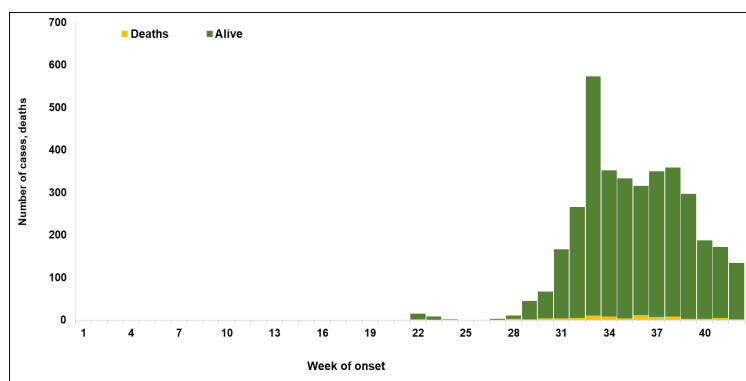


Fig 2: Yobe epidemic curve, week 1 to week 42, 2021

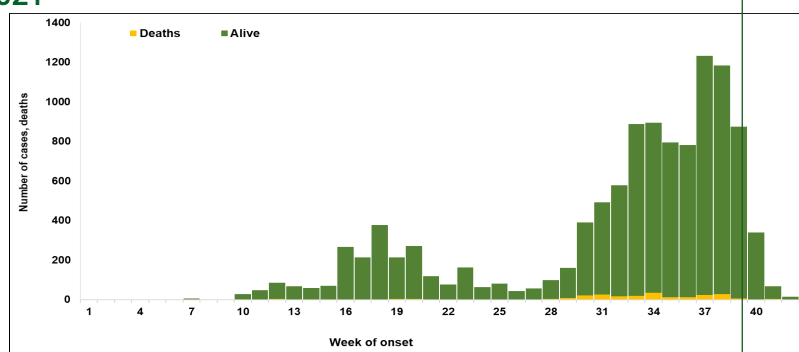


Fig 3: Zamfara epidemic curve, week 1 to week 42, 2021

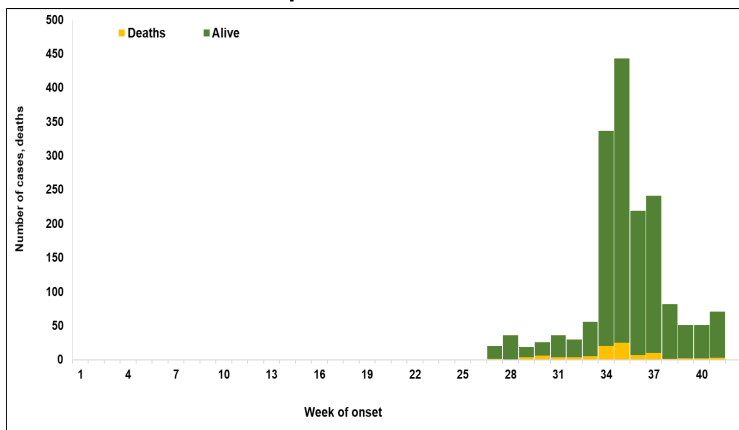


Fig 4: Borno epidemic curve, week 1 to week 42, 2021

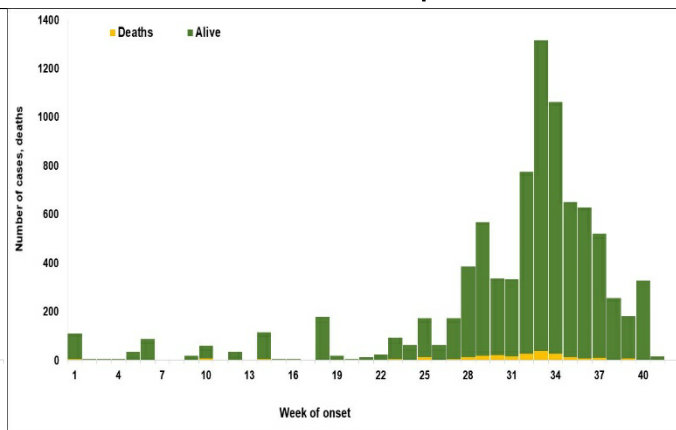


Fig 5: Katsina epidemic curve, week 1 to week 42, 2021

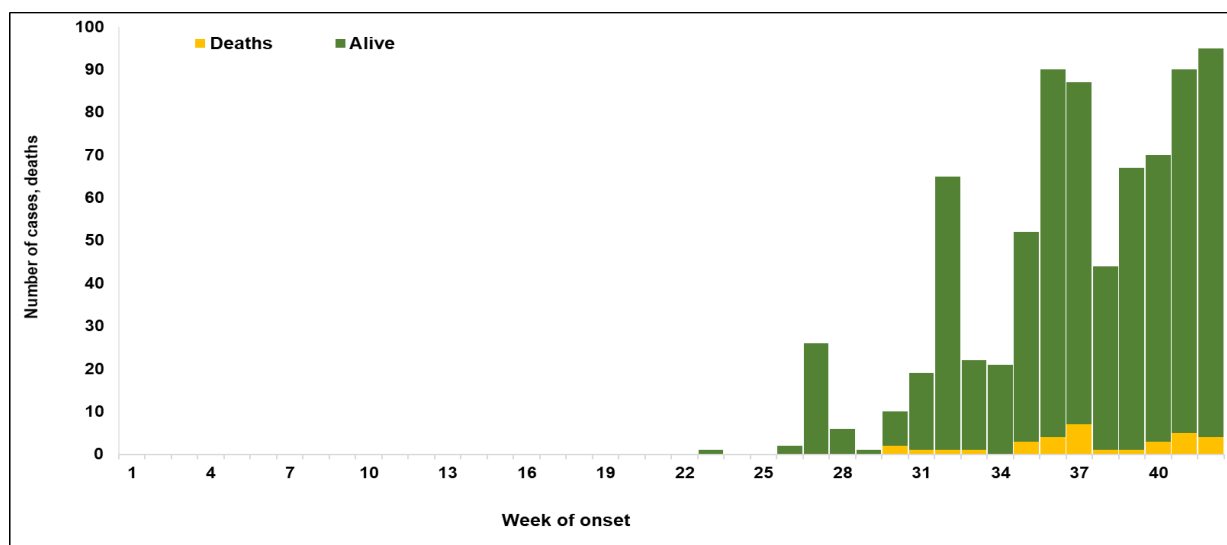


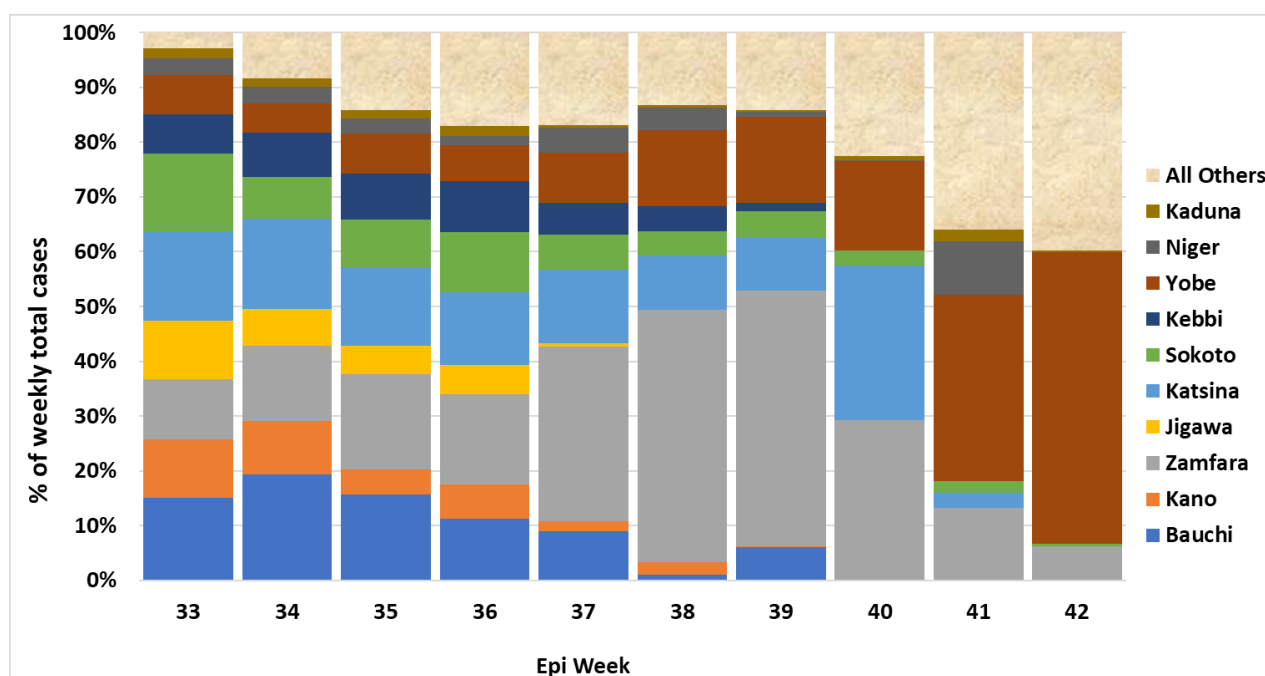
Fig 6: Adamawa epidemic curve, week 1 to week 42, 2021

Table 3: Top 10 states in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Bauchi	19,452	21%	21%
2	Kano	12,116	13%	34%
3	Zamfara	11,100	12%	45%
4	Jigawa	10,763	11%	57%
5	Katsina	8,602	9%	66%
6	Sokoto	8,465	9%	75%
7	Kebbi	4,568	5%	80%
8	Yobe	3,661	4%	84%
9	Niger	2,820	3%	87%
10	Kaduna	2,110	2%	89%
	<b>Total</b>	<b>83,657</b>	<b>89%</b>	

**Table 4: Top 15 Local Government Areas (LGAs) in cumulative cases**

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Bauchi	Bauchi	9290	10%	10%
2	Zurmi	Zamfara	2854	3%	13%
3	Hadejia	Jigawa	2331	2%	15%
4	Shinkafi	Zamfara	2152	2%	18%
5	Dutse	Jigawa	2129	2%	20%
6	Anka	Zamfara	2100	2%	22%
7	Gusau	Zamfara	2012	2%	24%
8	Funtua	Katsina	1959	2%	26%
9	Sumaila	Kano	1923	2%	28%
10	Toro	Bauchi	1849	2%	30%
11	Ganjuwa	Bauchi	1306	1%	32%
12	Tafawa Balewa	Bauchi	1119	1%	33%
13	Birnin Kudu	Jigawa	970	1%	34%
14	Gwadabawa	Sokoto	968	1%	35%
15	Dange-Shuni	Sokoto	958	1%	36%
<b>Total</b>			<b>33,290</b>	<b>36</b>	



**Figure 7: Percentage contribution of weekly cases by state in recent 10 weeks, week 33 - 42, 2021**

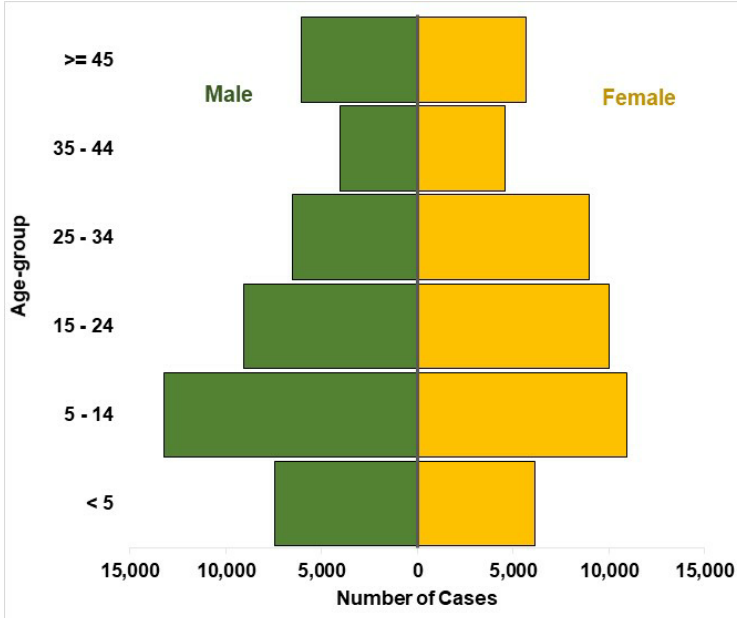


Figure 8. Age-Sex Pyramid for cumulative Cholera Cases, week 1-42 , 2021: N=93,652

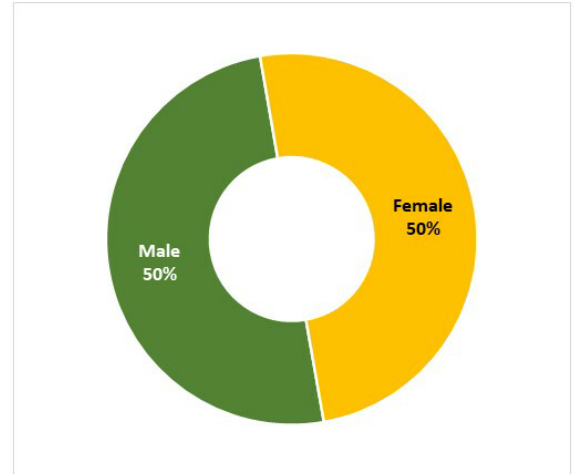


Figure 9. Sex disaggregation for cumulative Cholera cases, week 1-42 , 2021: N=93,652

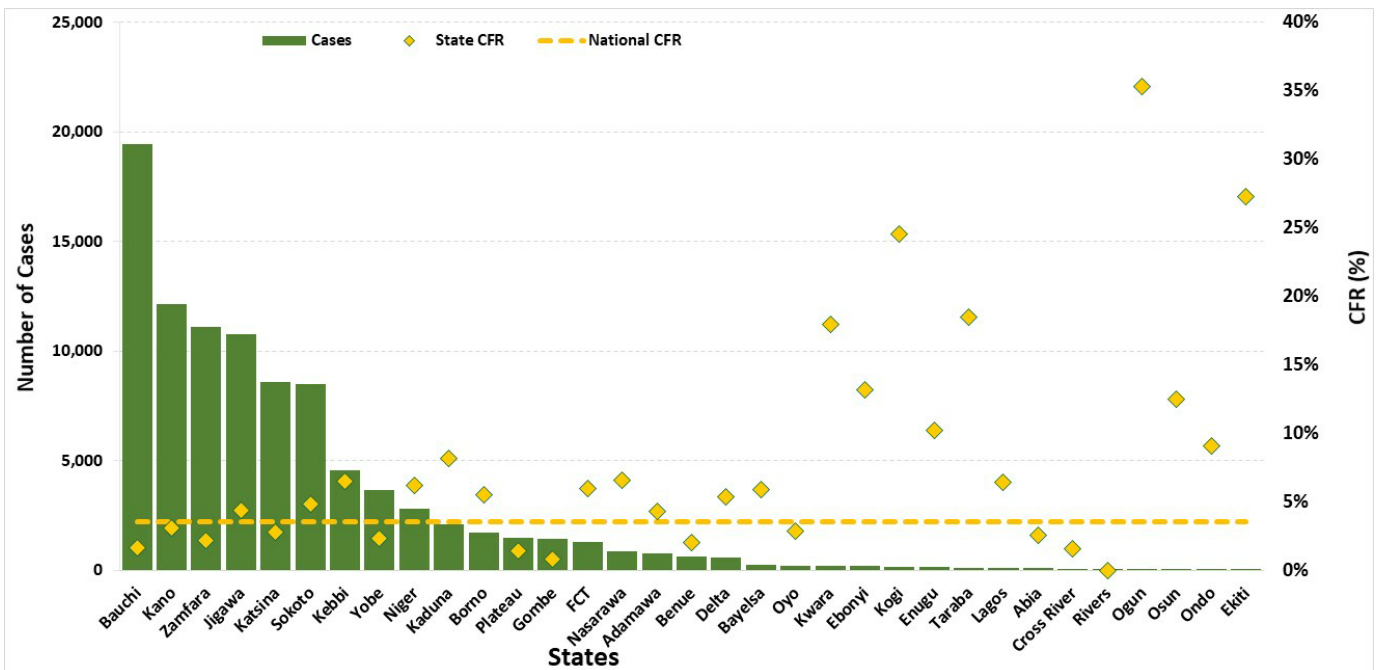


Figure 10: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1 - 42, 2021

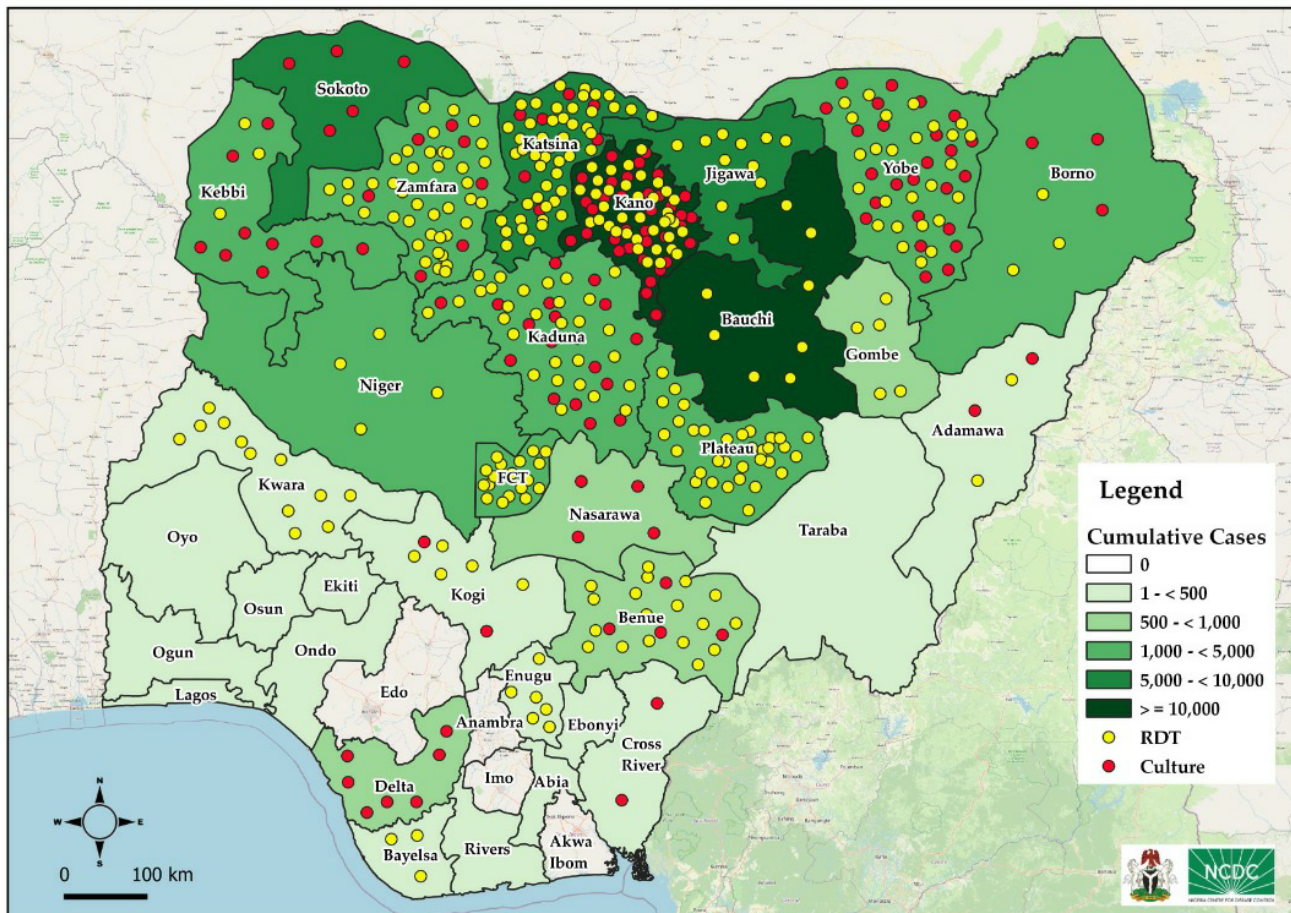
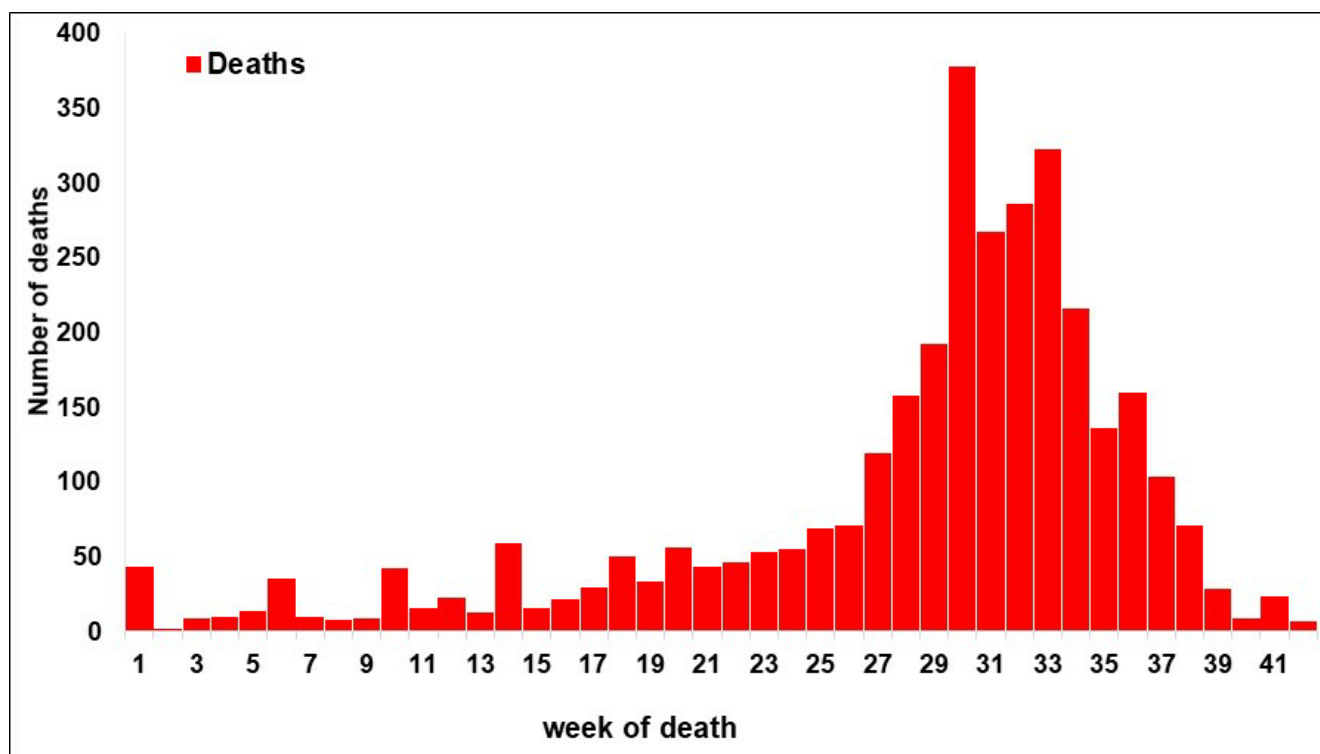


Figure 11. Map of Nigeria showing states with RDT + Culture confirmation and suspected cases, week 1 - 42, 2021



## Figure 12: Trends in Deaths, week 1 - 42, 2021, Nigeria

Table 5. Summary table for Weekly &amp; Cumulative number of Cholera Cases, for 2021

	States	Reporting cases in 2021	State outbreak status*	Current week: (Week 42)				Cumulative (Week 1 - 42)						
				Cases		Deaths		Tests		Cases	Deaths	CFR	Tests	
				Cases	% change	Deaths	% change	RDT (% Pos)	Culture (% pos)				RDT (% Pos)	Culture (% pos)
1	Bauchi							19,452	323	1.7%	152 (67%)	25 (100%)		
2	Kano							12,116	368	3.0%	21 (95%)	21 (81%)		
3	Zamfara	Active		16	▼ 76%		▼ 100%	11,100	244	2.2%	131 (65%)	94 (72%)		
4	Jigawa							10,763	470	4.4%	37 (65%)			
5	Katsina	Active			▼ 100%			8,602	237	2.8%	222 (23%)	139 (12%)		
6	Sokoto	Active		1	▼ 91%			8,465	410	4.8%		5 (80%)		
7	Kebbi							4,568	296	6.5%	58 (74%)	11 (64%)		
8	Yobe	Active		135	▼ 22%	2	▼ 60%	3,661	86	2.3%	167 (52%)	89 (90%)		
9	Niger	Active			▼ 100%		▼ 100%	2,820	174	6.2%	79 (61%)			
10	Kaduna	Active		1	▼ 91%		▼ 100%	2,110	172	8.2%	190 (53%)	15 (87%)		
11	Borno	Active			▼ 100%		▼ 100%	1,718	94	5.5%	69 (91%)	29 (72%)		
12	Plateau							1,481	21	1.4%	76 (43%)	5 (0%)		
13	Gombe	Active		6	▼ 57%			1,411	11	0.8%	416 (79%)			
14	FCT							1,286	77	6.0%	29 (72%)			
15	Nasarawa	Active			▼ 100%		▼ 100%	865	57	6.6%	17 (100%)			
16	Adamawa	Active		95	▲ 6%	4	▼ 20%	768	33	4.3%	193 (65%)	87 (70%)		
17	Benue							598	12	2.0%	19 (100%)	4 (100%)		
18	Delta							578	31	5.4%		5 (40%)		
19	Bayelsa							256	15	5.9%	4 (75%)	4 (0%)		
20	Oyo							209	6	2.9%	5 (40%)			
21	Kwara							195	35	17.9%	134 (10%)			
22	Ebonyi							175	23	13.1%	3 (100%)			
23	Kogi							151	37	24.5%	9 (78%)	8 (50%)		
24	Enugu							127	13	10.2%	7 (100%)			
25	Taraba							119	22	18.5%	11 (73%)			
26	Lagos							78	5	6.4%		19 (42%)		
27	Abia							78	2	2.6%	10 (40%)	5 (40%)		
28	Cross River							64	1	1.6%		3 (67%)		
29	Rivers							46	-	0.0%				
30	Ogun							34	12	35.3%				
31	Osun							16	2	12.5%	2 (50%)	2 (0%)		
32	Ondo							11	1	9.1%	4 (25%)			
33	Ekiti							11	3	27.3%	2 (100%)	2 (100%)		
	<b>National</b>	<b>10</b>		<b>254</b>	<b>▼ 50%</b>	<b>6</b>	<b>▼ 74%</b>	<b>93,932</b>	<b>3,293</b>	<b>3.5%</b>	<b>067 (59%)</b>	<b>572 (59%)</b>		

\*State is considered active if it has reported cases in recent 3 weeks from reporting week. Other states listed have reported cases during the year but not in recent 3 weeks

Table 6: Response activities

Pillar	Activities to date	Next steps
<b>Coordination</b>	<ul style="list-style-type: none"> <li>Response is being coordinated by the national multi-sectoral EOC hosted at NCDC, in collaboration with Federal Ministry of Health (FMOH), Federal Ministry of Water Resources (FMWR), Federal Ministry of Environment (FMEnvrt), and partners</li> <li>National Rapid Response Teams (RRTs) with response commodities deployed by NCDC to support the response in sixteen states - Benue, Kano, Kaduna, Zamfara, Bauchi, Plateau, Jigawa, Katsina, Niger, Gombe, Sokoto, Kebbi, Oyo, Yobe, Adamawa and the FCT</li> </ul>	<ul style="list-style-type: none"> <li>The national multi-sectoral EOC activated at level 02 continues to coordinate the national response</li> <li>Continue zonal level trainings on cholera detection, reporting and case management</li> <li>Planned NRRT deployment to Borno, Kaduna, Niger, Zamfara, Nasarawa and Katsina</li> </ul>
<b>Surveillance</b>	<ul style="list-style-type: none"> <li>Ongoing surveillance in all states through the routine Integrated Disease Surveillance and Response (IDSR) and Event Based Surveillance (EBS)</li> <li>Providing offsite/onsite support to states and follow up for daily reporting and progress with response activities</li> </ul>	<ul style="list-style-type: none"> <li>Continue data collation and harmonisation</li> <li>Continue zonal level trainings on data analysis</li> </ul>
<b>Case Management &amp; IPC</b>	<ul style="list-style-type: none"> <li>Provided technical support and response commodities to affected states</li> </ul>	<ul style="list-style-type: none"> <li>Continue providing technical support on case management and IPC to states</li> <li>Continue training of Health Care Workers (HCW) on management of cholera</li> <li>Continuous follow up with states for updates and support</li> </ul>
<b>Laboratory</b>	<ul style="list-style-type: none"> <li>Supported testing of samples received from Benue, Niger, Plateau, Bauchi, Jigawa, Kaduna, Kano, Kwara, Katsina, Enugu, Bayelsa, Adamawa, Nasarawa, Gombe, Yobe, Borno, Oyo, Kebbi, Sokoto, Ebonyi, Abia and FCT at NCDC National Reference Laboratory (NRL), Abuja</li> <li>Ongoing testing across state-level laboratories</li> </ul>	<ul style="list-style-type: none"> <li>Planned sub-national level training of Laboratory Scientists on sample collection and analysis</li> </ul>
<b>WASH</b>	<ul style="list-style-type: none"> <li>Hygiene promotion, provision of safe water, water chlorination, household disinfection and sensitisation on dangers</li> </ul>	<ul style="list-style-type: none"> <li>Continue distribution of hygiene kits to affected states</li> </ul>



	<p>of open defecation ongoing in high-risk communities by WASH sector partners and Community Health Volunteers in the affected states</p> <ul style="list-style-type: none"> <li>• Continuous construction of sanitation and hygiene facilities with boreholes in cholera hotspots</li> </ul>	
<b>Logistics</b>	<ul style="list-style-type: none"> <li>• Essential response commodities are being distributed to all cholera affected states</li> </ul>	<ul style="list-style-type: none"> <li>• Continue supporting affected states with essential response commodities</li> </ul>
<b>Vaccination (led by NPHCDA)</b>	<ul style="list-style-type: none"> <li>• Epidemiological trend is being monitored to guide ICG request for planned vaccination campaigns</li> <li>• Reactive OCV campaigns were conducted in March at Agatu LGA, Benue State and in July at Bauchi LGA, Bauchi State</li> <li>• Recently conducted OCV campaigns in Dutse, Birnin-Kudu and Hadejia LGAs of Jigawa state; Damaturu LGA of Yobe state</li> </ul>	<ul style="list-style-type: none"> <li>• Continue monitoring epidemiological trend to guide ICG request for planned vaccination campaigns</li> <li>• Planned OCV campaigns in: Zamfara State (LGAs: Shinkafi, Zurmi)</li> </ul>
<b>Risk communication</b>	<ul style="list-style-type: none"> <li>• Cholera jingles are being aired in English and local languages</li> <li>• Community social mobilisation, media interviews, distribution of Information, Education and Communication (IEC) materials and awareness campaigns ongoing in affected communities</li> <li>• Conducted Ministerial press briefings</li> </ul>	<ul style="list-style-type: none"> <li>• Continue airing of cholera jingles and distribution of IEC materials</li> <li>• Continue media engagement meetings and training of journalist, other media professionals</li> <li>• Continued follow-up with states for update on risk communication</li> </ul>
<b>State Response</b>	<p>Multi-sectoral State-level EOCs currently activated in Zamfara, Kaduna, Bauchi, Plateau, Kano, Enugu, Jigawa, Niger, Gombe, Sokoto, Katsina, Adamawa, Borno, Oyo, Lagos, Kebbi, Yobe and the FCT</p>	<p>Continue supporting state response activities</p>

### Challenges

- Difficulty in accessing some communities due to security concerns
- Open defecation in affected communities
- Lack of potable drinking water in some rural areas and urban slums
- Inadequate vaccines to cover all LGAs, wards and settlements with cholera outbreaks
- Inadequate health facility infrastructure and cholera commodities for management of patients (Ringer's lactate and ORS)
- Inadequate trained personnel in states for case management
- Poor and inconsistent reporting from states

### Next Steps

- Conduct training on cholera surveillance, hotspot mapping and develop state level preparedness and response plans
- Maintain communication with and support to states for data reporting and response
- Conduct OCV campaigns in Zamfara State
- Develop and submit cholera vaccination request to International Coordinating Group (ICG) and the Global Task Force for Cholera Control (GTFCC) for reactive and preventive cholera campaign with NPHCDA
- Continue advocacy to State Governments to increase funding in WASH infrastructure
- Pre-position response commodities across states
- Build capacity for sample collection, transportation and laboratory diagnosis
- Planned deployment of RRTs to more affected states
- Scale up risk communications

### Notes on this report

#### Data Source

Information for this disease was case based data retrieved from the National Cholera Emergency Operations Centre.

#### Case definitions

#### Suspected Case:

- ▶ Any patient aged  $\geq 2$  years with acute watery diarrhoea and severe dehydration or dying from acute watery diarrhoea with or without vomiting
- ▶ In areas where a Cholera outbreak is declared, any person presenting with or dying from acute watery diarrhoea with or without vomiting

**Confirmed Case:** A suspected case in which *Vibrio cholerae* O1 or O139 has been isolated in the stool by culture

**DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 24<sup>th</sup> OCTOBER 2021**