



# Cholera Situation Report

## WEEKLY EPIDEMIOLOGICAL REPORT 25

Epidemiological week 48: (29 November to 05 December 2021)

### Key Points

Table 1: Summary of current week (Epi week 48 ,2021)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
201	7	3.5%	10	21

Table 2: Cumulative summary from Epi week 1 - 48,2021

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
107,166	3,595	3.4%	33	418

### Week 48 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, 10 states reported **201** suspected cases - Borno (78), Nasarawa (40), Adamawa (27), Bayelsa (25), Osun (9), Gombe (8), Ondo (5), Yobe (4), Taraba (4) and Lagos (1)
- There was **7% decrease in the number of new suspected cases** in week 48 (201) compared with week 47 (217)
- Borno (78), Nasarawa (40) and Adamawa (27) account for 72% of 201 suspected cases reported in week 48
- During the reporting week, 72 Cholera Rapid Diagnostic Test (RDT) was conducted. RDT conducted were from Borno (64), Adamawa (4), Ondo (3) and Osun (1). Of this, a total of 11 (15%) were positive
- 82 stool culture was conducted. Stool culture conducted were from Borno (78), Gombe (3) and Nasarawa (1). Of this, a total of 3 (4%) were positive.
- Of the cases reported, there were seven deaths from three states reporting with a weekly case fatality ratio (CFR) of 3.5%
- No new state reported cases in week 48
- The national multi-sectoral EOC activated at level 02 continues to coordinate the national response

### Cumulative Epi-Summary

- As of 5<sup>th</sup> December 2021, a total of 107,166 suspected cases including 3,595 deaths (CFR 3.4%) 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**
- Four states - Bauchi (19,470 cases), Jigawa (15,141 cases) Kano (12,116 cases), and Zamfara (11,927 cases) account for 55% 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

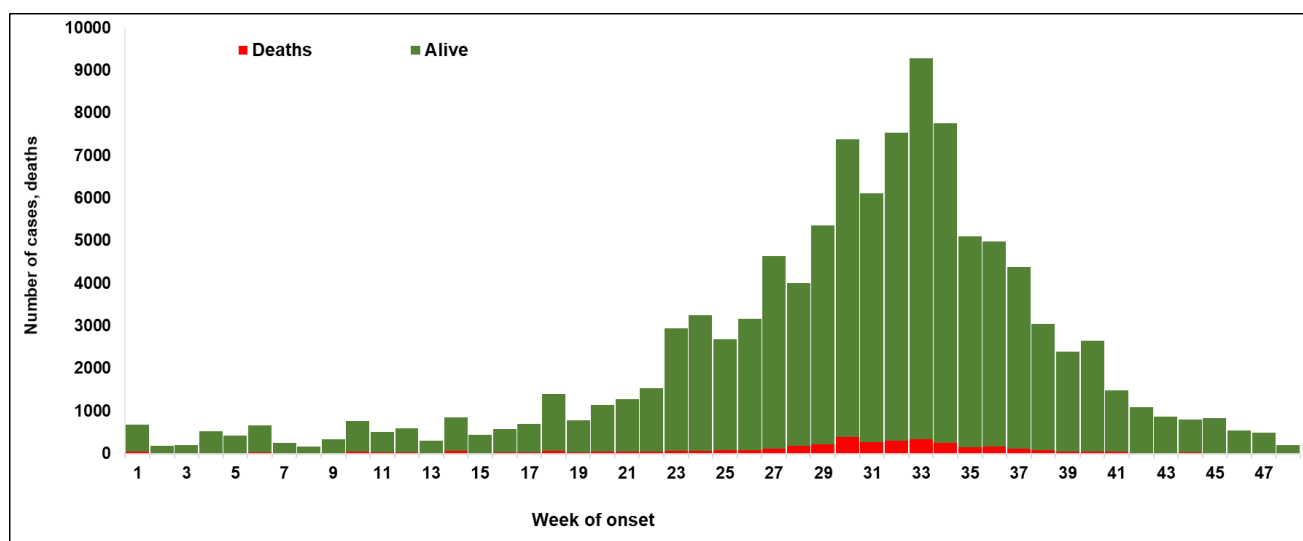


Figure 1: National Epidemic curve of weekly reported Cholera cases, week 1 to week 48, 2021

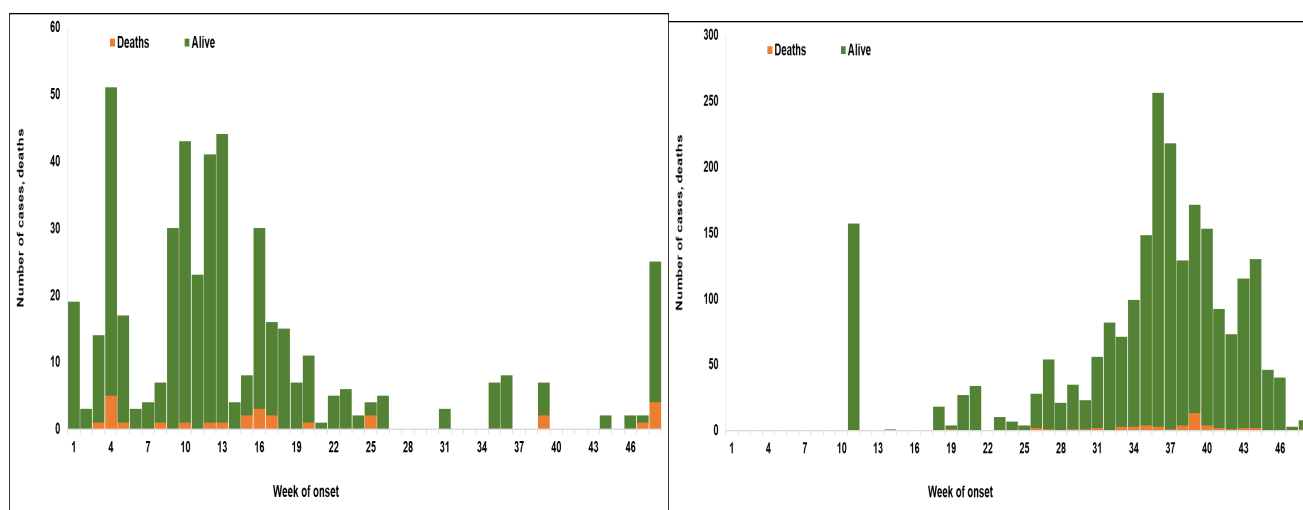


Fig 2: Adamawa epidemic curve, week 1 to week 48, 2021      Fig 3: Gombe epidemic curve, week 1 to week 48, 2021

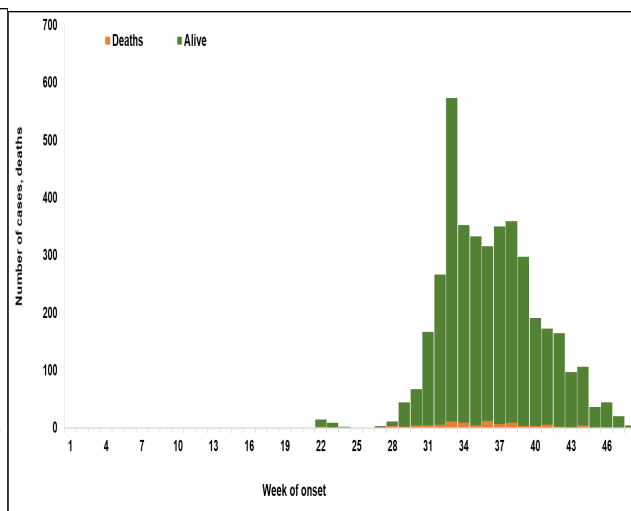
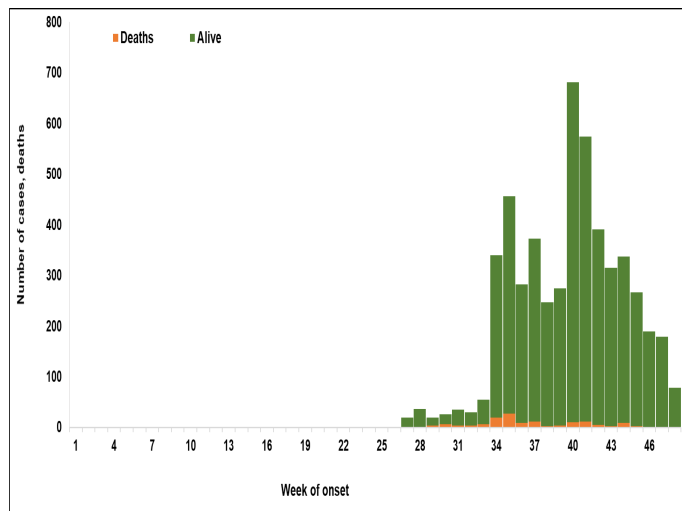


Fig 4: Borno epidemic curve, week 1 to week 48, 2021

Fig 5: Yobe epidemic curve, week 1 to week 48, 2021

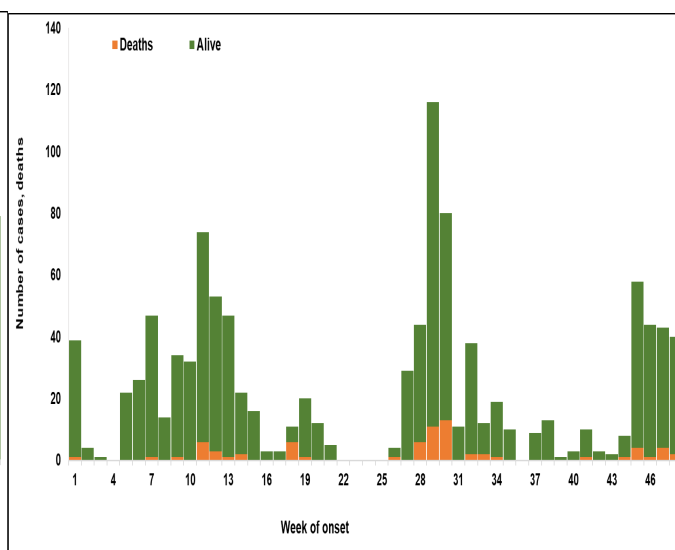
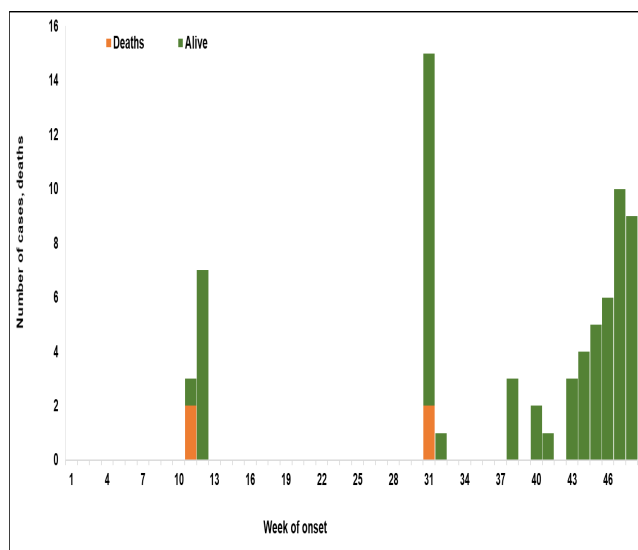


Fig 6: Osun epidemic curve, week 1 to week 48, 2021

Fig 7: Nasarawa epidemic curve, week 1 to week 48, 2021

Table 3: Top 10 states in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Bauchi	19,548	18%	18%
2	Jigawa	15,141	14%	32%

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

3	Kano	12,116	11%	44%
4	Zamfara	11,927	11%	55%
5	Katsina	8,602	8%	63%
6	Sokoto	8,477	8%	71%
7	Kebbi	5,949	6%	76%
8	Borno	5,206	5%	81%
9	Yobe	4,003	4%	85%
10	Niger	2,821	3%	88%
<b>Total</b>		<b>93790</b>	<b>88%</b>	

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Bauchi	Bauchi	9336	9%	9%
2	Zurmi	Zamfara	2888	3%	11%
3	Anka	Zamfara	2637	2%	14%
4	Shinkafi	Zamfara	2342	2%	16%
5	Gusau	Zamfara	2012	2%	18%
6	Funtua	Katsina	1959	2%	20%
7	Sumaila	Kano	1923	2%	22%
8	Toro	Bauchi	1920	2%	23%
9	Ganjuwa	Bauchi	1311	1%	25%
10	Tafawa Balewa	Bauchi	1098	1%	26%
11	Gwadabawa	Sokoto	969	1%	26%
12	Dange-Shuni	Sokoto	958	1%	27%
13	Damaturu	Yobe	896	1%	28%
14	Ningi	Bauchi	860	1%	29%
15	Bichi	Kano	837	1%	30%
<b>Total</b>			<b>31946</b>	<b>30%</b>	

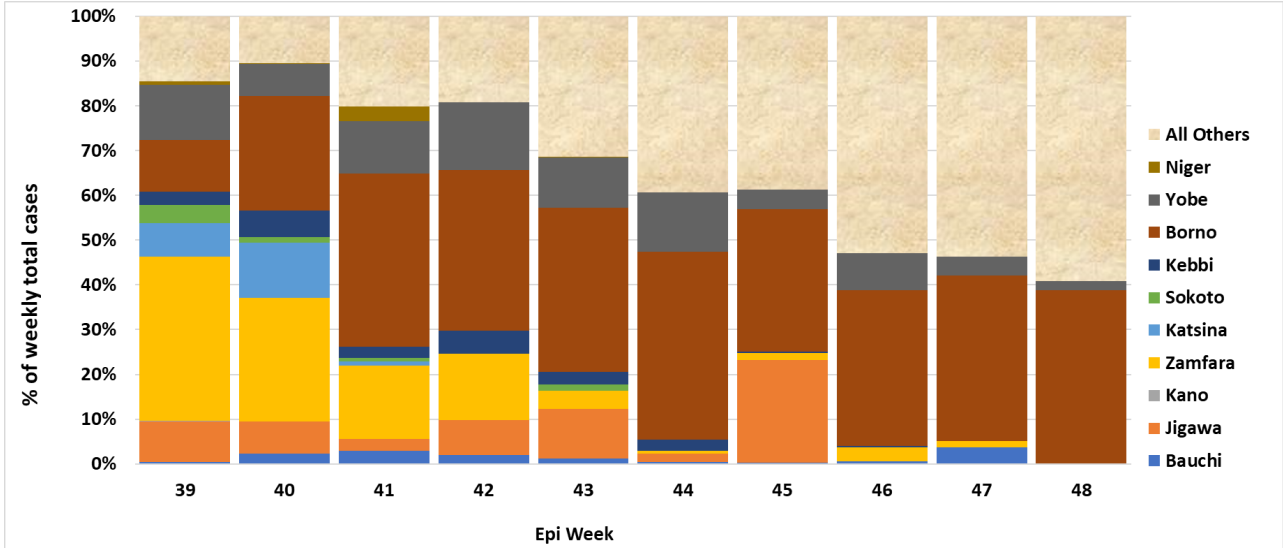


Figure 8: Percentage contribution of weekly cases by state in recent 10 weeks, week 39 - 48, 2021

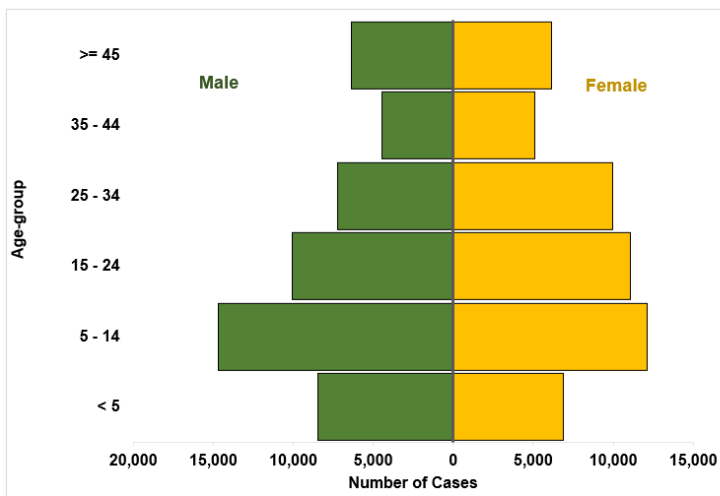


Figure 9. Age-Sex Pyramid for cumulative Cholera Cases, week 1-48 , 2021: N=106,599

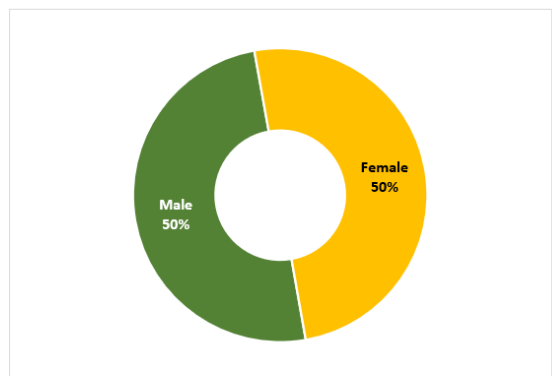


Figure 10. Sex disaggregation for cumulative Cholera cases, week 1-48 , 2021: N=106,599

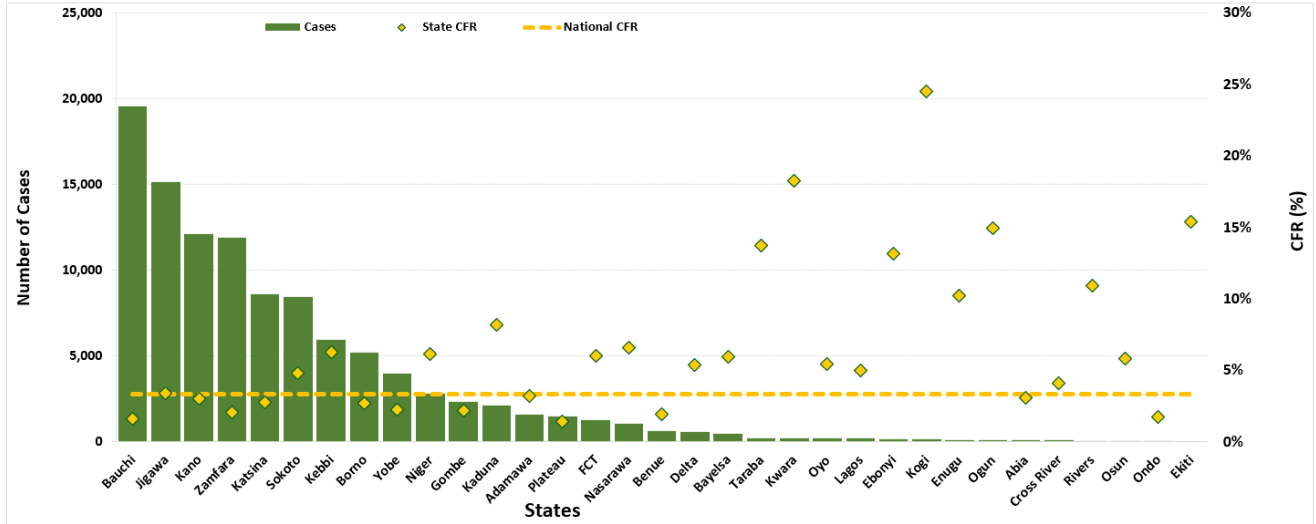


Figure 11: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1 - 48, 2021

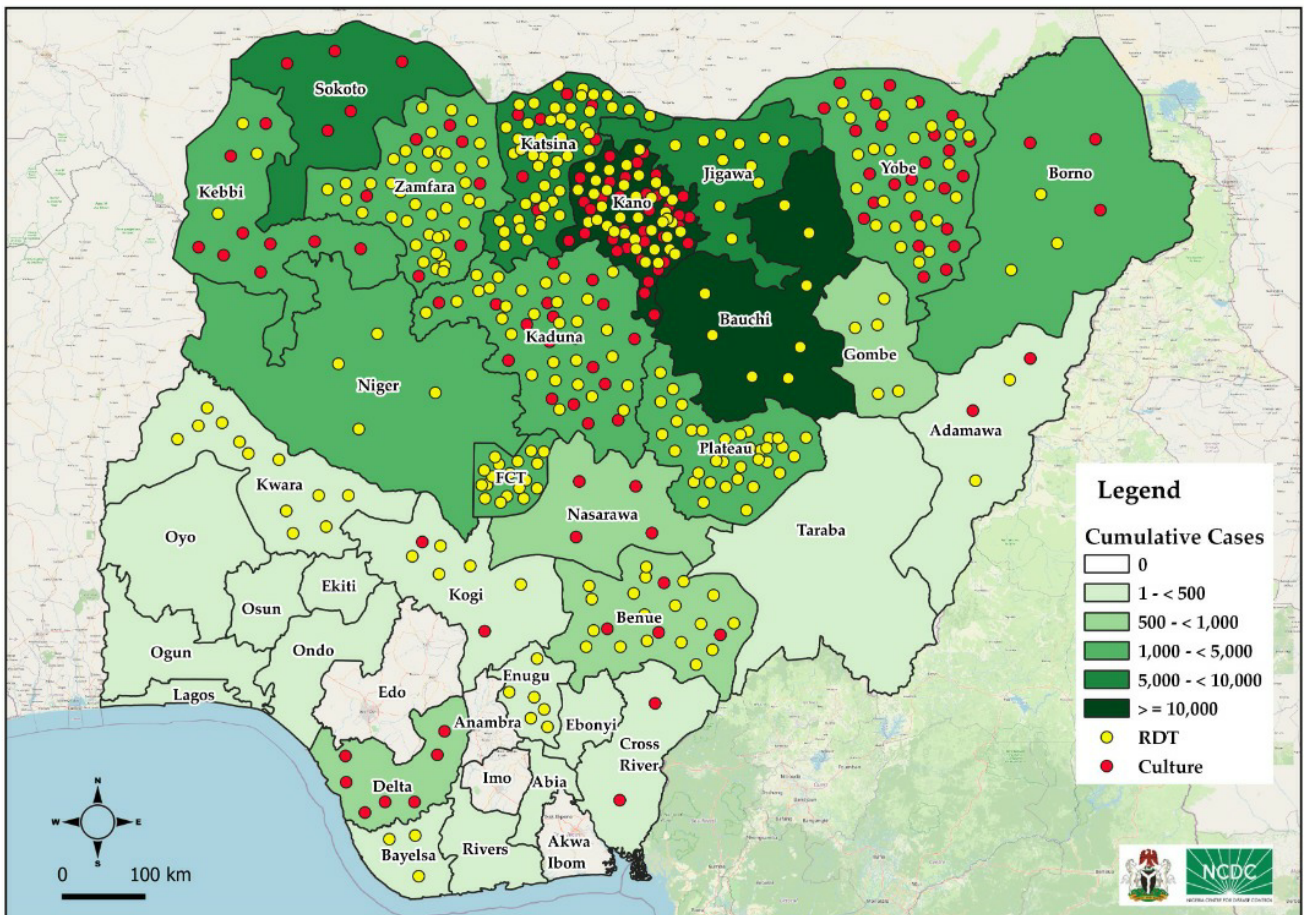


Figure 12. Map of Nigeria showing states with RDT + Culture confirmation and suspected cases, week 1 - 48, 2021

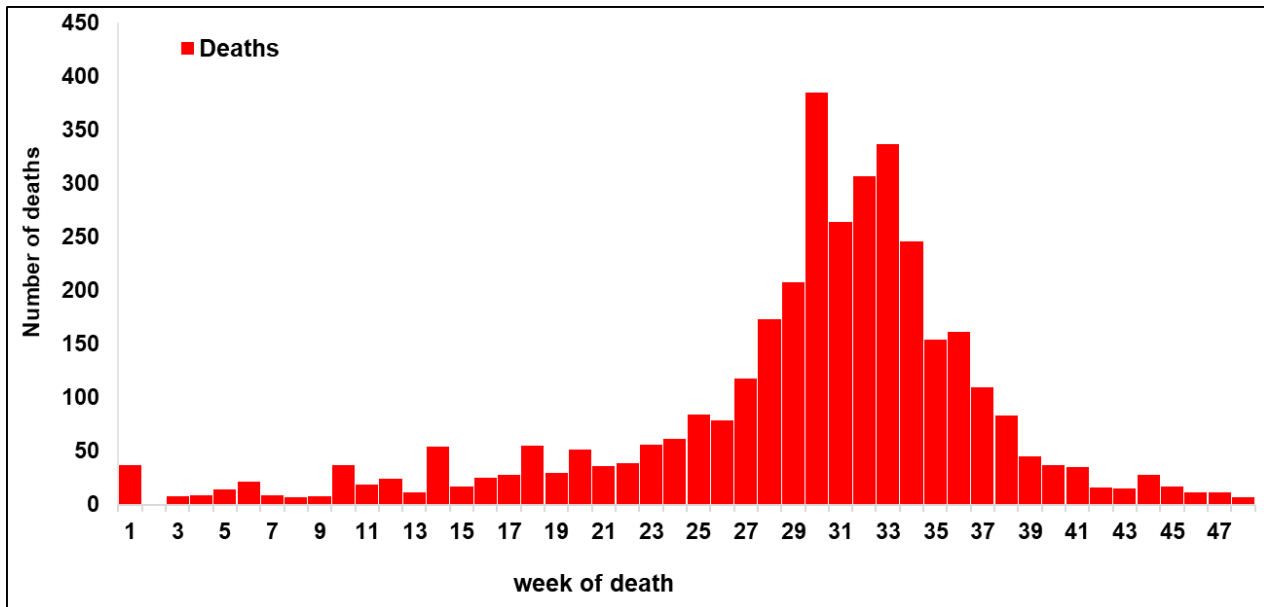


Figure 13: Trends in Deaths, week 1 - 48, 2021, Nigeria

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







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, Borno, Ogun, Cross River 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 After Action Review (AAR)</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, Taraba, Ondo 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 of open defecation ongoing in high-risk communities by WASH sector partners and Community Health Volunteers in the affected states</li> <li>Continuous construction of sanitation and hygiene facilities with boreholes in cholera hotspots</li> </ul>	<ul style="list-style-type: none"> <li>Continue distribution of hygiene kits to affected states</li> </ul>
<b>Logistics</b>	<ul style="list-style-type: none"> <li>Essential response commodities are being</li> </ul>	<ul style="list-style-type: none"> <li>Continue supporting</li> </ul>

	distributed to all cholera affected states	affected states with essential response commodities
<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; July at Bauchi LGA, Bauchi State; October at 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>	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, Ogun, Cross River, Taraba, Bayelsa, Ondo and the FCT	Continue supporting state response activities

### 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
- Planned After Action Review (AAR)
- 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 05<sup>th</sup> DECEMBER 2021