

Cholera Situation Report

WEEKLY EPIDEMIOLOGICAL REPORT 09

Epi Week 32: 9 – 15 August 2021

Key Points

Table 1: Summary of current week (Epi week 32, 2021)

Suspected Cases	Deaths (Suspected)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
2,984	72	2.4%	14	83

Table 2: Cumulative summary from Epi week 1-32, 2020

Suspected Cases	Deaths (Suspected)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
47,603	1,768	3.7%	24	286

Highlights

- Twenty-three states and FCT have reported suspected cholera cases in 2021. These are Benue, Delta, Zamfara, Gombe, Bayelsa, Kogi, Sokoto, Bauchi, Kano, Kaduna, Plateau, Kebbi, Cross River, Nasarawa, Niger, Jigawa, Yobe, Kwara, Adamawa, Enugu, Katsina, Borno, Taraba and FCT
- In the reporting week, 14 states reported 2,984 suspected cases - *Bauchi (1,306), Jigawa (714), Kebbi (325), Katsina (173), Yobe (164), Sokoto (101), Zamfara (57), Adamawa (44), Kano (36), Niger (33), Nasarawa (20), Borno (7), FCT (3) and Plateau (1)*. Of this, there were 19 confirmed cases from *Yobe (16) and Adamawa (3)*
- In addition, there were 72 deaths from *Bauchi (21), Jigawa (17), Kebbi (14), Katsina (7), Kano (3), Yobe (3), Sokoto (1), Nasarawa (1) and Adamawa (1)* states. National CFR is 3.7%
- No new state reported cases in epi week 32
- The national multi-sectoral EOC activated at level 02 continues to coordinate the national response

Epi-Summary

- As at 15th August 2021, a total of 47,603 suspected cases including 1,768 deaths (CFR 3.7%) have been reported from 23 states and FCT in 2021.
- There was a 21% decrease in the number of new suspected cases in week 32 (2,984) compared with week 31 (3,781).
- **Bauchi (1,306), Jigawa (714) and Kebbi (325) account for 78.6% of 2,984 suspected cases reported in week 32.**
- Of the suspected cases since the beginning of the year, **age group 5 - 14 years** is the most affected age group for both male and female.
- Of all suspected cases, **51% are males and 49% are females**
- Since the beginning of the year, a total of 1,999 samples have been collected with positive cases as follows - 314 RDT positive only; 113 culture positive. The test positivity rate (TPR) for laboratory confirmation by culture is 5.7%

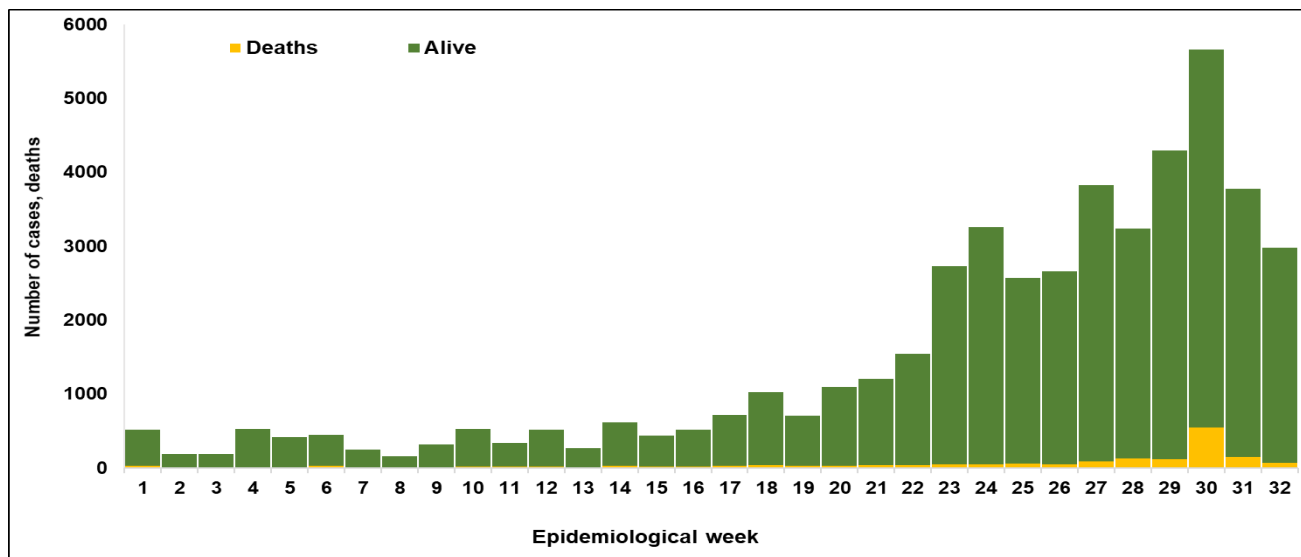


Figure 1. Epidemic curve of weekly reported Cholera cases, week 1 to week 32, 2021

- A backlog of 3007 suspected cases was added to the initial 774 cases reported in epi week 31, following late data submission

Table 3: Top 10 states in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Bauchi	14,904	31%	31%
2	Kano	6,195	13%	44%
3	Jigawa	6,021	13%	57%
4	Sokoto	4,460	9%	66%
5	Zamfara	3,198	7%	73%
6	Katsina	2,035	4%	77%
7	Kebbi	1,962	4%	81%
8	Plateau	1,430	3%	84%
9	Kaduna	1,421	3%	87%
10	Niger	1,399	3%	90%
	Total	43,025	90%	

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

No	LGA	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Bauchi	Bauchi	8016	17%	17%
2	Gusau	Zamfara	1986	4%	21%
3	Dutse	Jigawa	1758	4%	25%
4	Toro	Bauchi	1315	3%	27%
5	Ganjuwa	Bauchi	1030	2%	30%
6	Birnin Kudu	Jigawa	956	2%	32%
7	Tafawa Balewa	Bauchi	846	2%	33%
8	Bichi	Kano	822	2%	35%
9	Ningi	Bauchi	741	2%	37%
10	Gwadabawa	Sokoto	730	2%	38%
11	Illela	Sokoto	646	1%	40%
12	Sokoto North	Sokoto	625	1%	41%
13	Jos North	Plateau	614	1%	42%
14	Dass	Bauchi	605	1%	43%
15	Warji	Bauchi	568	1%	45%

Total	21,258	45%
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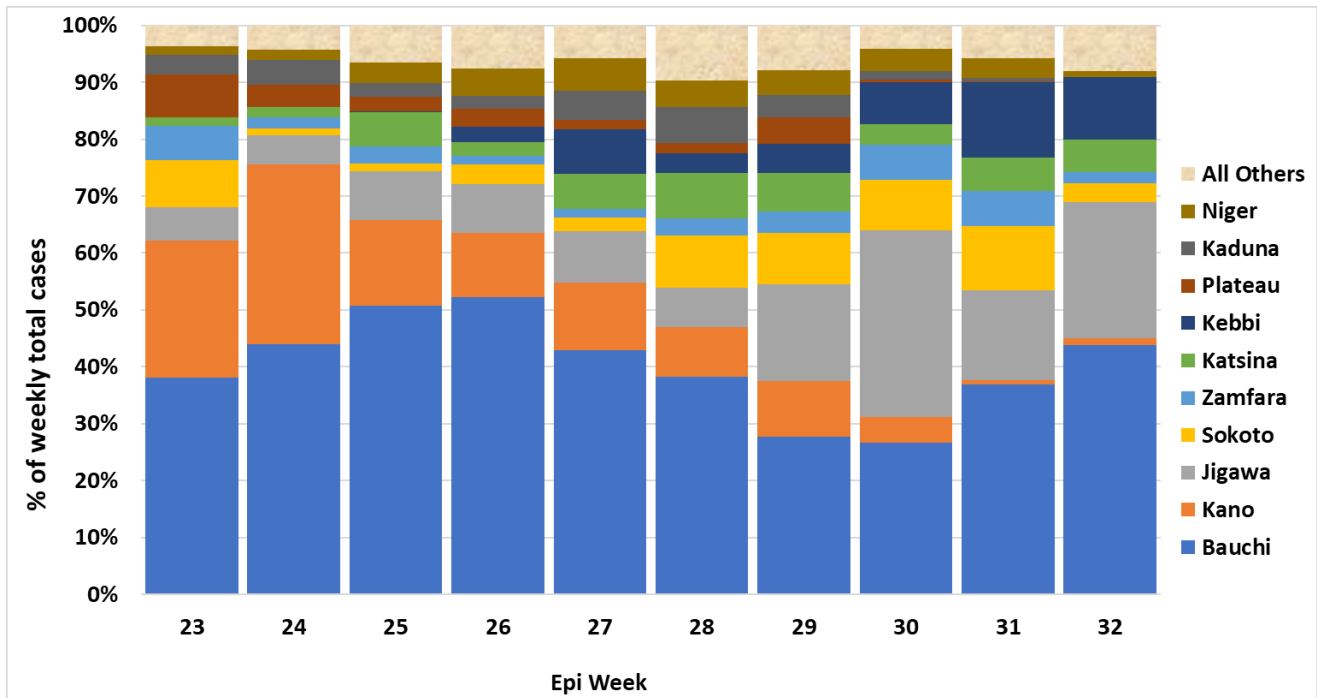


Figure 2. Percentage contribution of weekly cases by state in recent 10 weeks, week 23- 32, 2021

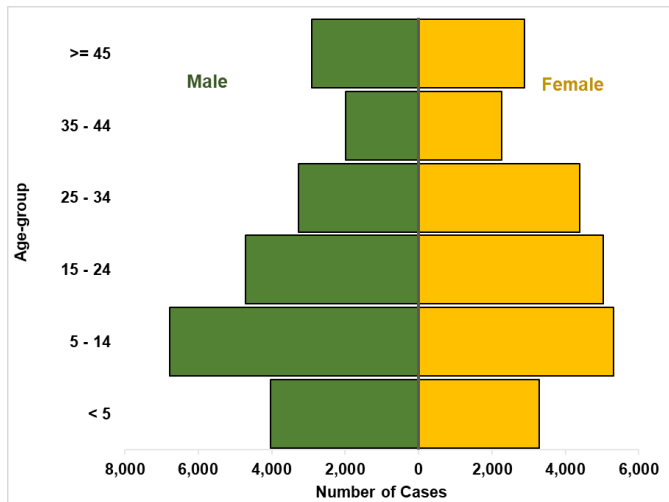


Figure 3. Age-Sex Pyramid for cumulative Cholera Cases, week 1-32 , 2021: N=47,405

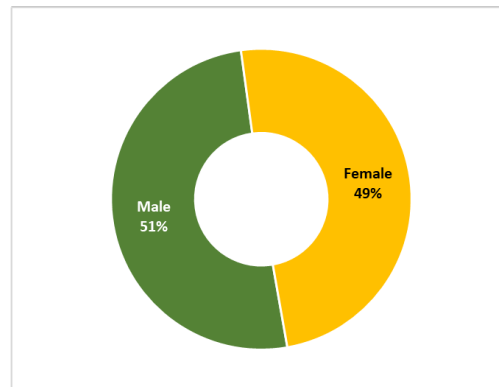


Figure 4. Sex disaggregation for cumulative Cholera cases, week 1-32 , 2021: N=47,405

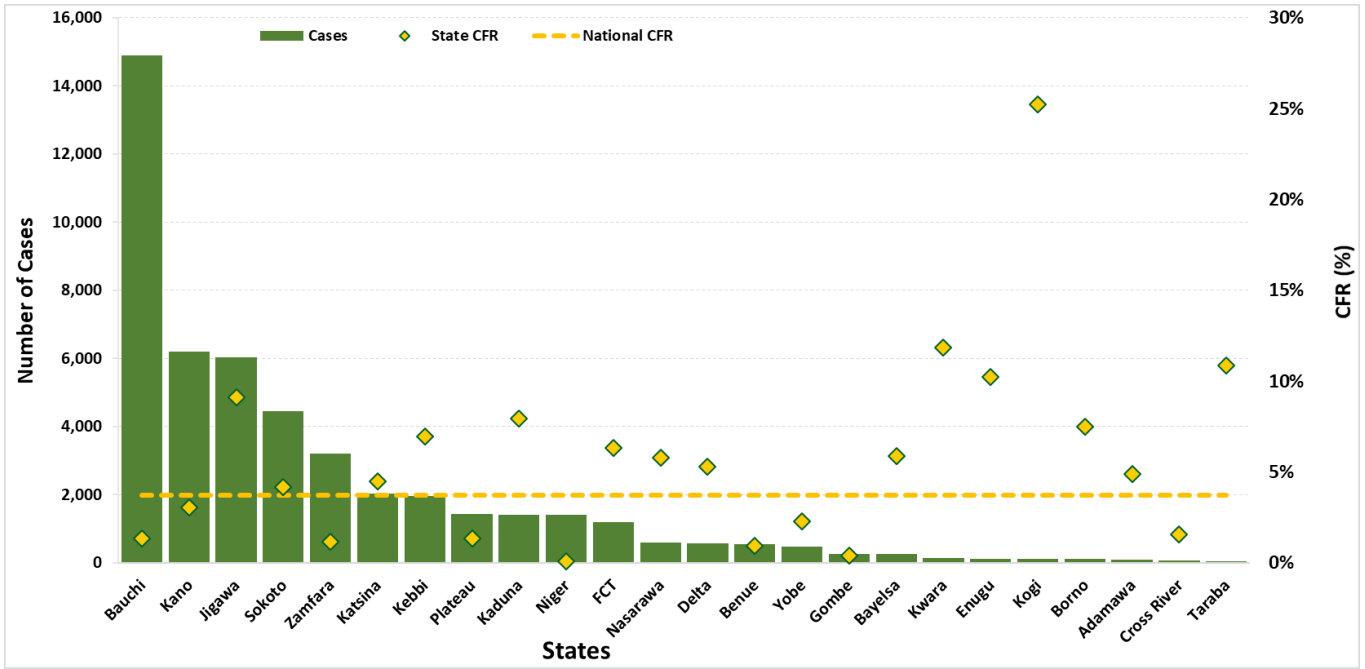


Figure 4: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1-32, 2021

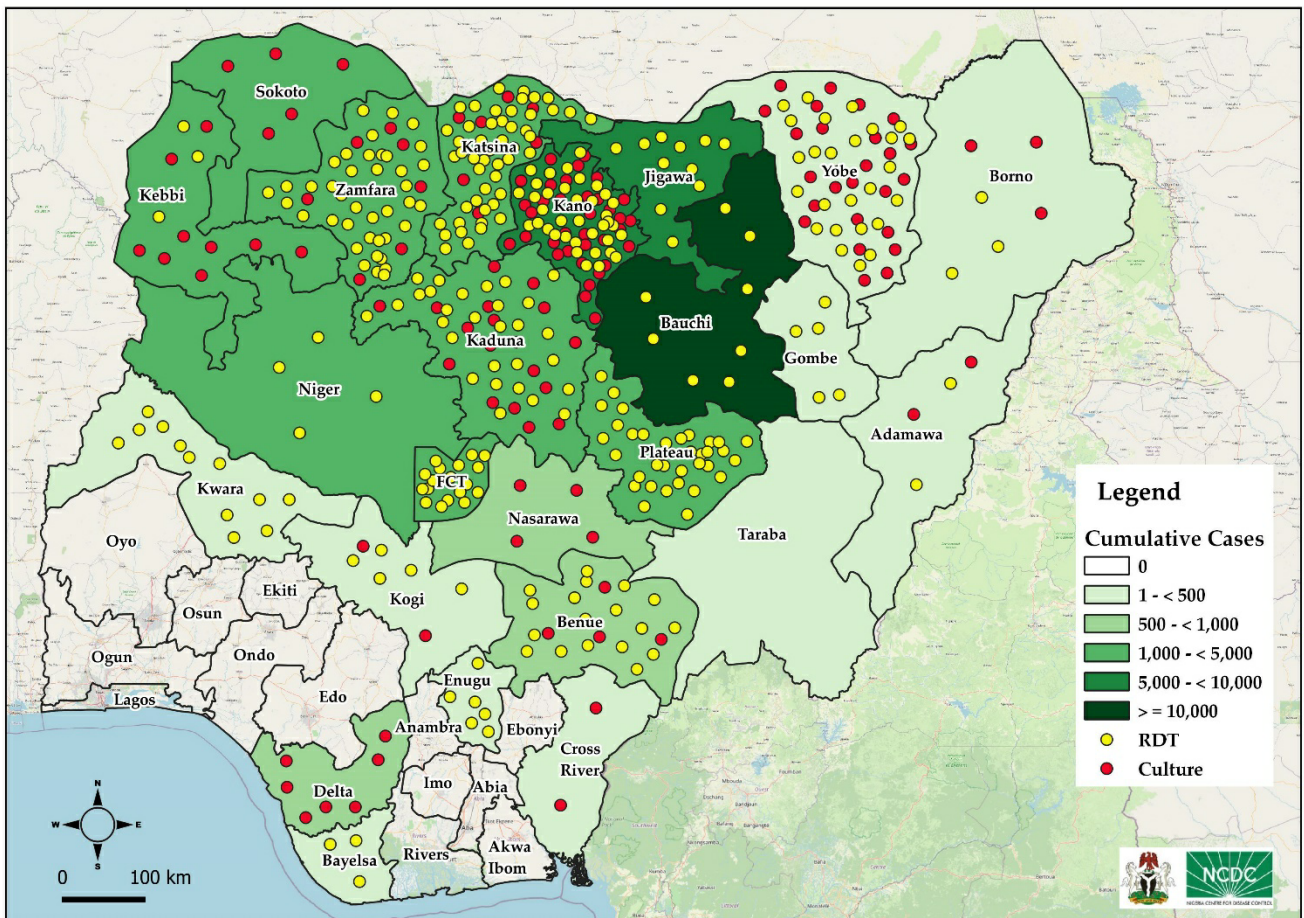


Figure 5. Map of Nigeria showing states with RDT + culture confirmation and the burden of suspected cases, week 1- 32, 2021

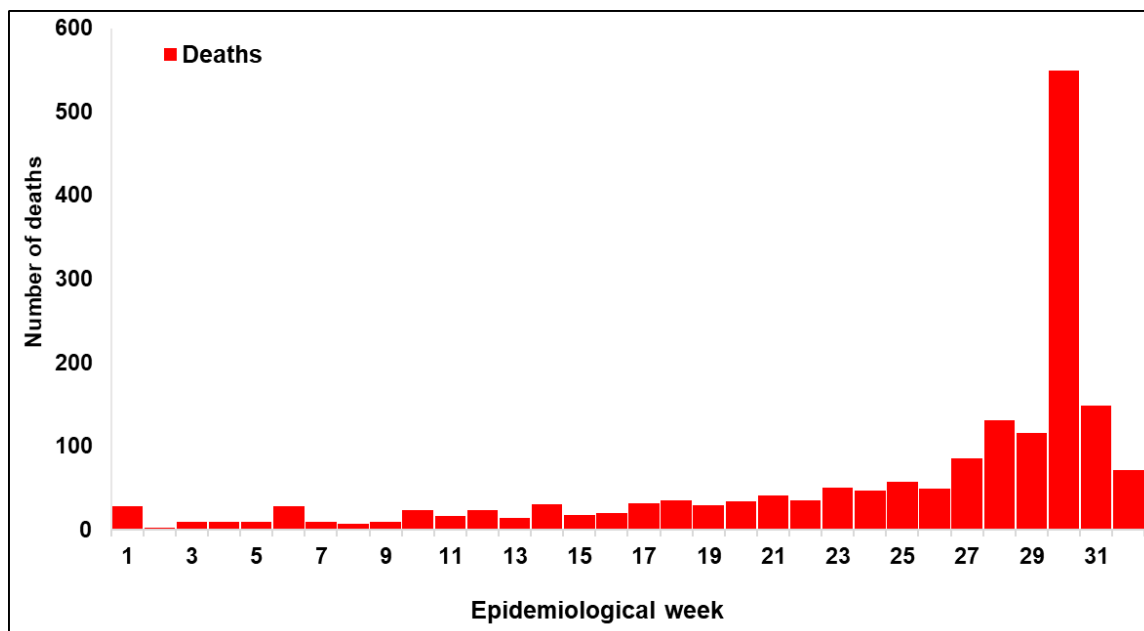


Figure 6: Trends in Deaths, week 1-32, 2021, Nigeria

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

States	Reporting cases in 2021	State outbreak status*	Current week: (Week 32)					Cumulative (Week 1 - 32)						
			Cases		Deaths		Tests		Cases	Deaths	CFR	Tests		
			Cases	% change	Deaths	% change	RDT (% Pos)	Culture (% pos)				RDT (% Pos)	Culture (% pos)	
1	Bauchi	Active	1306	▼ 6%	25	▼ 11%				14,904	202	1.4%	8 (100%)	
2	Kano	Active	36	▲ 33%	3	▲ 100%				6,195	188	3.0%		
3	Jigawa	Active	714	▲ 19%	17	▼ 60%				6,021	548	9.1%	36 (53%)	
4	Sokoto	Active	101	▼ 76%	1	▼ 94%				4,460	186	4.2%		5 (80%)
5	Zamfara	Active	57	▼ 75%		▼ 100%				3,198	37	1.2%	68 (59%)	10 (70%)
6	Katsina	Active	173	▼ 22%	7	▼ 46%				2,035	91	4.5%	124 (40%)	93 (8%)
7	Kebbi	Active	325	▼ 35%	14	▼ 60%	2 (100%)			1,962	136	6.9%	58 (74%)	11 (64%)
8	Plateau	Active	1	▼ 80%						1,430	19	1.3%	84 (39%)	1 (0%)
9	Kaduna	Active		▼ 100%		▼ 100%				1,421	113	8.0%	166 (54%)	1 (100%)
10	Niger	Active	33	▼ 75%						1,399	1	0.1%	150 (3%)	
11	FCT	Active	3	▼ 91%		▼ 100%				1,189	75	6.3%	30 (67%)	1 (0%)
12	Nasarawa	Active	20	▲ 67%	1	▲ 100%	5 (100%)			607	35	5.8%	16 (100%)	
13	Delta									567	30	5.3%		5 (40%)
14	Benue									539	5	0.9%	17 (100%)	4 (100%)
15	Yobe	Active	164	▲ 27%	3	▲ 50%	70 (20%)	16 (88%)		483	11	2.3%	118 (41%)	57 (81%)
16	Gombe									265	1	0.4%	8 (63%)	
17	Bayelsa									256	15	5.9%	4 (75%)	8 (0%)
18	Kwara									135	16	11.9%	104 (12%)	
19	Enugu									127	13	10.2%	7 (100%)	
20	Kogi	Active		▼ 100%		▼ 100%				111	28	25.2%	17 (29%)	15 (20%)
21	Borno	Active	7	▼ 72%		▼ 100%				107	8	7.5%	4 (75%)	6 (50%)
22	Adamawa	Active	44	▲ 100%	1	▲ 100%	3 (100%)	3 (100%)		82	4	4.9%	13 (38%)	13 (31%)
23	Cross River	Active		▼ 100%						64	1	1.6%		3 (67%)
24	Taraba									46	5	10.9%	5 (60%)	
	National	17	2,984	▼ 21%	72	▼ 52%	80 (30%)	19 (89%)		47,603	1,768	3.7%	1037 (42%)	233 (39%)

*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
Coordination	<ul style="list-style-type: none"> • 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 • National Rapid Response Teams (RRTs) with response commodities deployed by NCDC to support the response in ten states - Benue, Kano, Kaduna, Zamfara, Bauchi, Plateau, Jigawa, Katsina, Niger and the FCT 	<ul style="list-style-type: none"> • The national multi-sectoral EOC activated at level 02 continues to coordinate the national response • Planned zonal level training on cholera surveillance, case management and work-plan development
Surveillance	<ul style="list-style-type: none"> • Ongoing surveillance in all states through the routine Integrated Disease Surveillance and Response (IDSR) and Event Based Surveillance (EBS) • Provide offsite/onsite support to states and follow up for daily reporting and progress with response activities 	<ul style="list-style-type: none"> • Data collation and harmonisation • Evaluation of the cholera data collated from the recently concluded Integrated Supportive Supervision (ISS) in the 18 Northern States
Case Management & IPC	<ul style="list-style-type: none"> • Provided technical support and response commodities to affected states 	<ul style="list-style-type: none"> • Continue providing technical support on case management and IPC to states • Planned training of Health Care Workers (HCW) on management of cholera • Continuous follow up with the states for updates
Laboratory	<ul style="list-style-type: none"> • Supported testing of samples received from Benue, Niger, Plateau, Bauchi, Jigawa, Kaduna, Kano, Kwara, Katsina, Enugu, Bayelsa, Adamawa, Nasarawa, Gombe, Yobe, Borno and FCT at NCDC National Reference Laboratory (NRL), Abuja 	<ul style="list-style-type: none"> • Planned training of State Laboratory Scientists on sample collection and analysis
WASH	<ul style="list-style-type: none"> • 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 • National Youth Volunteer Programme on Clean Nigeria Campaign launched by the Federal Ministry of Water Resources (FMWR) • Continuous construction of sanitation and hygiene facilities with boreholes in cholera hotspots 	Planned distribution of additional 100 hygiene kits to affected states

Logistics	Essential response commodities are being distributed to all cholera affected states	<ul style="list-style-type: none"> Continue supporting affected states with essential response commodities
Vaccination	<ul style="list-style-type: none"> Epidemiological trend is being monitored to guide ICG request for planned vaccination campaigns Reactive OCV campaigns were conducted in Agatu LGA, Benue State and Bauchi LGA, Bauchi State 	Continue monitoring epidemiological trend to guide ICG request for planned vaccination campaigns
Risk communication	<ul style="list-style-type: none"> Cholera jingles are being aired in English and local languages Community social mobilisation, media interviews, distribution of Information, Education and Communication (IEC) materials and awareness campaigns ongoing in affected communities Conducted Ministerial press briefings 	<ul style="list-style-type: none"> Continue airing of Cholera jingles and distribution of IEC materials Continue media engagement meetings and training of journalist, other media professionals Continued follow-up with states for update on risk communication
State Response	Multi-sectoral State-level EOCs currently activated in Zamfara, Kaduna, Bauchi, Plateau, Kano, Enugu, Jigawa, Niger, Gombe, Sokoto, Katsina 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 manpower for Cholera outbreak, detection, investigation and 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 states for data reporting and response support
- 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 ≥ 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 15th AUGUST 2021