



# CHOLERA SITUATION REPORT

## WEEKLY EPIDEMIOLOGICAL REPORT 02

Epi Week 25: 21<sup>st</sup> – 27<sup>th</sup> June 2021

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 27<sup>TH</sup> JUNE 2021

### HIGHLIGHTS

- › Fifteen states + 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 and FCT
- › In the reporting week, six states reported 1,786 suspected cases - Bauchi (1,239), Kano, (362), Niger (62), Plateau (9), Zamfara (55) and Kaduna (59), 3 RDT confirmed from Niger State and 16 deaths with CFR 0.86%
- › One new state – Niger State – reported cases in epi week 25
- › A total of 1,786 suspected cases were recorded this week representing a 1.7% increase compared to the number of suspected cases recorded in week 24
- › Of the reported cases, 12 samples were tested with 3 RDT positive from Niger state
- › A total of 16 deaths were recorded in the last one week, representing a 20% decrease compared to the previous week
- › The national multi-sectoral EOC activated at level 02 continues to coordinate the national response

### Epi-Summary

- As at June 27, 2021, a total of 14,343 suspected cases including 325 deaths (CFR = 2.7%) have been reported from 16 states (Benue, Delta, Zamfara, Gombe, Bayelsa, Kogi, Sokoto, Bauchi, Kano, Kaduna, Plateau, Kebbi, Cross River, Niger, FCT and Nasarawa) since the beginning of 2021
- Of the reported cases since the beginning of the year, 27.6% are aged 5 - 14 years
- Of all suspected cases, 51% are males and 49% are females
- There has been an increase in the number of new cases in the last two weeks. Zamfara (191), Bauchi (2163) Kano (891) Kaduna (129) and Plateau (82) account for 95.2% of 3,543 cases reported in the last two weeks (24 and 25)
- Since the beginning of the year, a total of 345 samples were collected with positive cases as follows - 162 RDT positive only; 55 culture positive; 217 RDT and culture positive). The test positivity rate (TPR) for laboratory confirmation by culture is 15.9%

## GENERAL FACT SHEET – DATA AS AT 27<sup>TH</sup> JUNE 2021

Table 1: Reported suspected cholera cases by state Week 01 – 25, 2021

	State	Reporting week 25					Cumulative			Confirmation			
		Suspected cases	Deaths	CFR (%)	RDT	Culture	Suspected cases	Deaths	CFR (%)	RDT		Culture	
										Tested	Positive	Tested	Positive
1	Bayelsa	0	0	0	0	0	258	15	5.8	8	3	0	0
2	Benue	0	0	0	0	0	602	12	2.0	23	19	4	4
3	Kogi	0	0	0	0	0	12	4	33.3	0	0	0	0
4	Sokoto	0	0	0	0	0	2,141	86	4.0	5	0	5	4
5	Gombe	0	0	0	0	0	190	1	0.5	8	5	0	0
6	Delta	0	0	0	0	0	583	32	5.5	0	0	7	2
7	Cross River	0	0	0	0	0	31	0	0.0	0	0	2	2
8	Kebbi	0	0	0	0	0	35	1	2.9	0	0	0	0
9	Nasarawa	0	0	0	0	0	411	17	4.1	0	0	4	4
10	Plateau	9	0	0	0	0	686	4	0.6	44	33	0	0
11	Bauchi	1,239	5	0.40	0	0	3617	41	1.1	10	7	0	0
12	Kaduna	59	0	0	0	0	354	5	1.4	39	15	1	1
13	Zamfara	55	0	0	0	0	2074	10	0.5	60	32	7	7
14	Kano	362	7	1.9	0	0	3161	99	3.4	55	40	35	31
15	Niger	62	4	6.5	3	0	101	5	4.9	12	3	0	0
16	FCT	0	0	0	0	0	50	2	4	16	5	0	0
	<b>Total</b>	<b>1,786</b>	<b>16</b>	<b>0.89</b>	<b>3</b>	<b>0</b>	<b>14,343</b>	<b>325</b>	<b>2.7</b>	<b>280</b>	<b>162</b>	<b>65</b>	<b>55</b>

Figure 1: Map of Nigeria showing states with reported cholera cases, Week 01 – 25, 2021

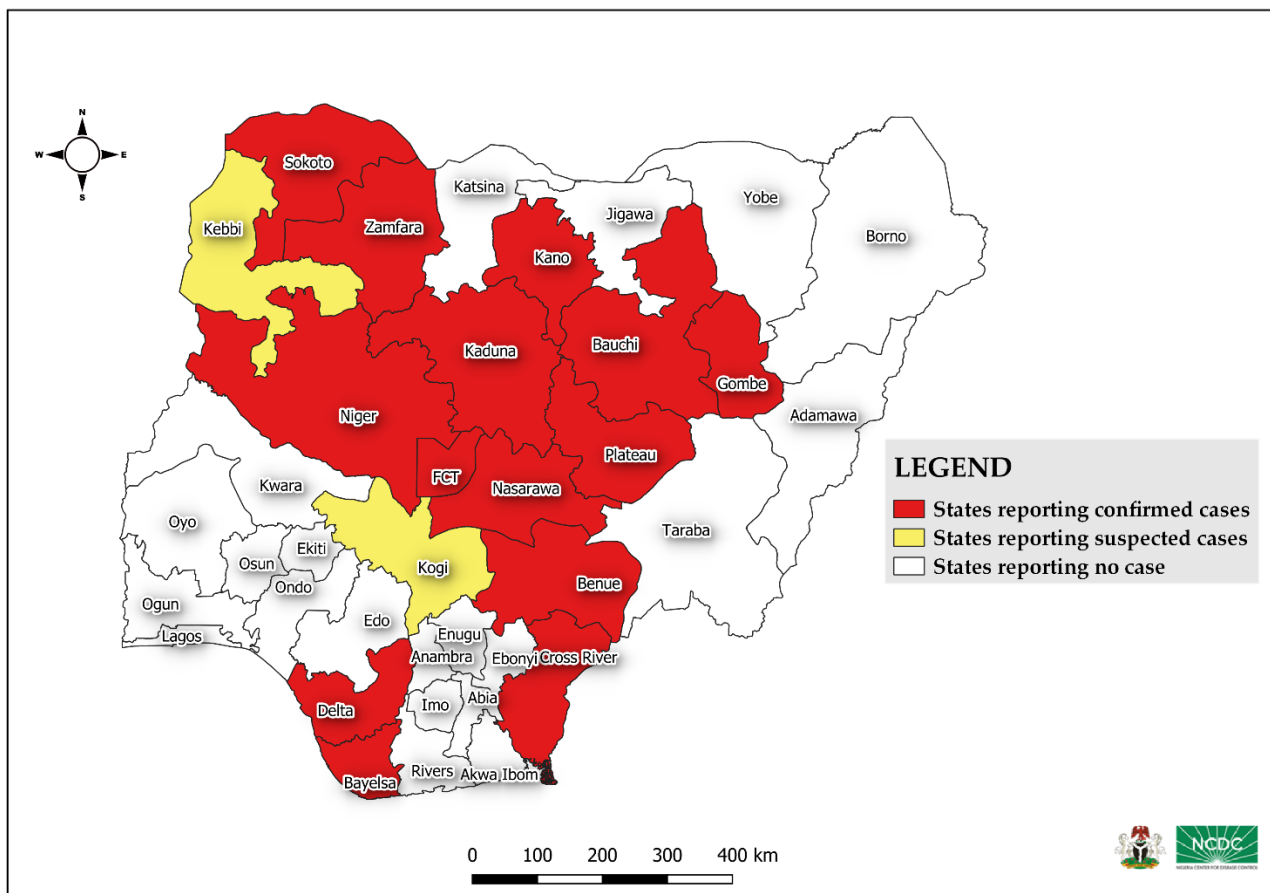
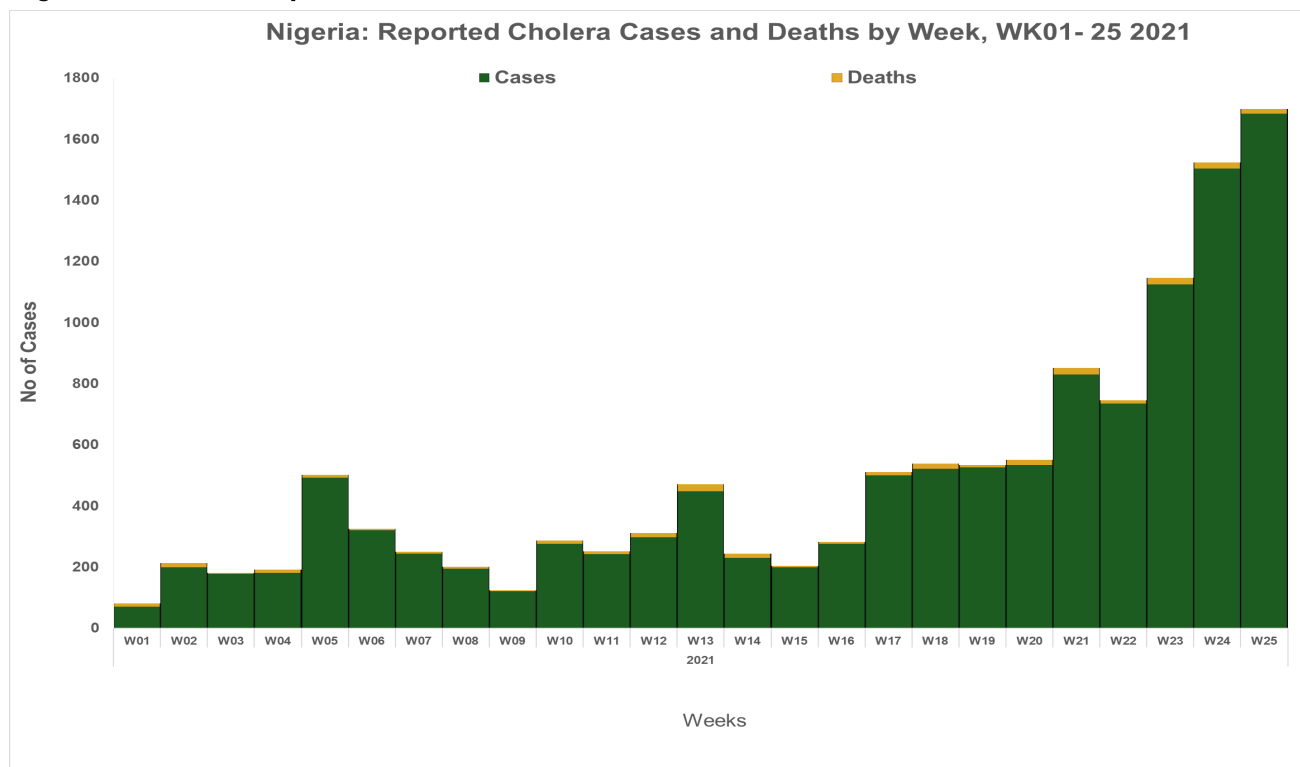
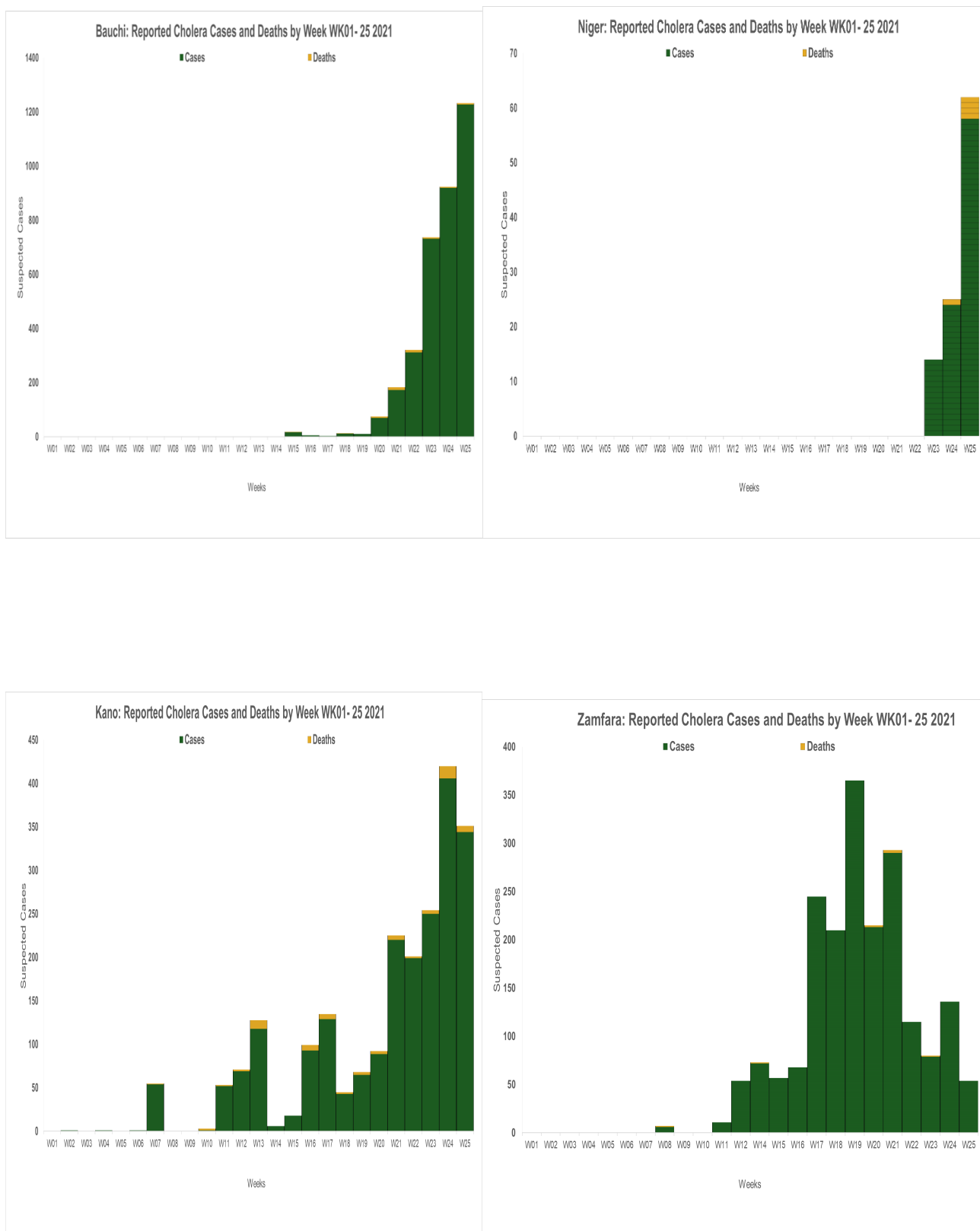


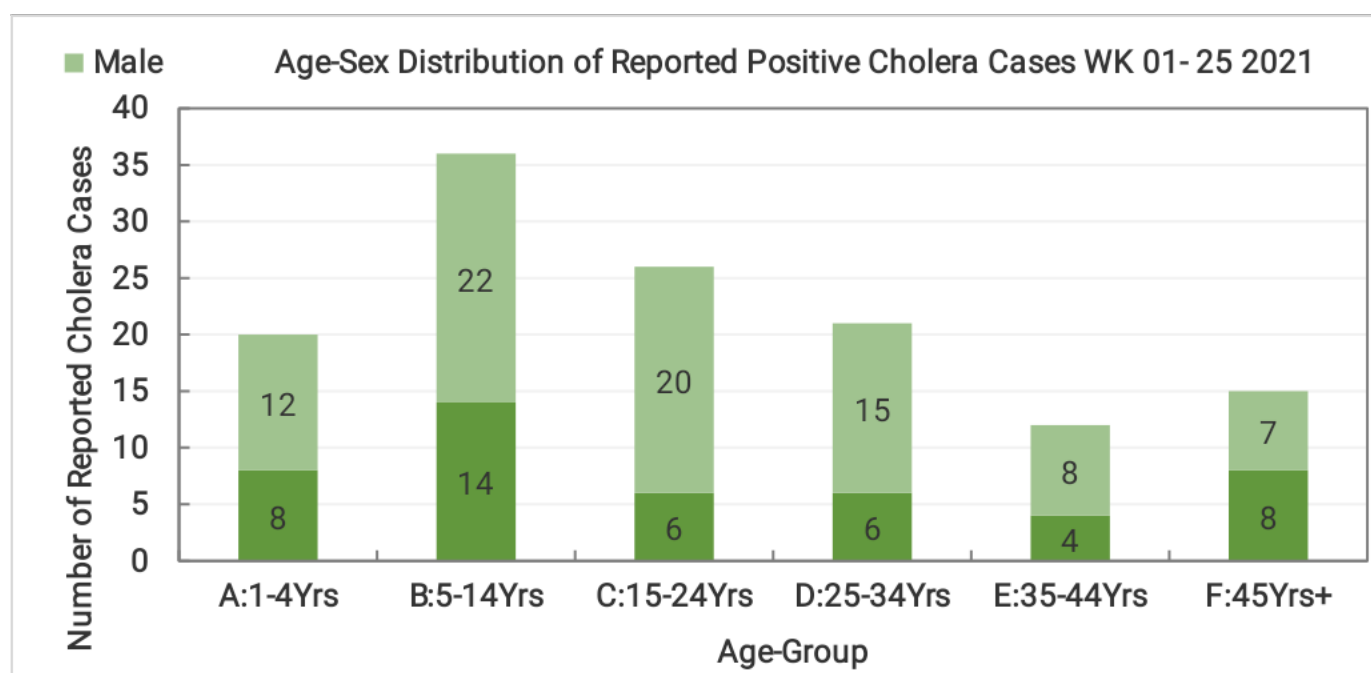
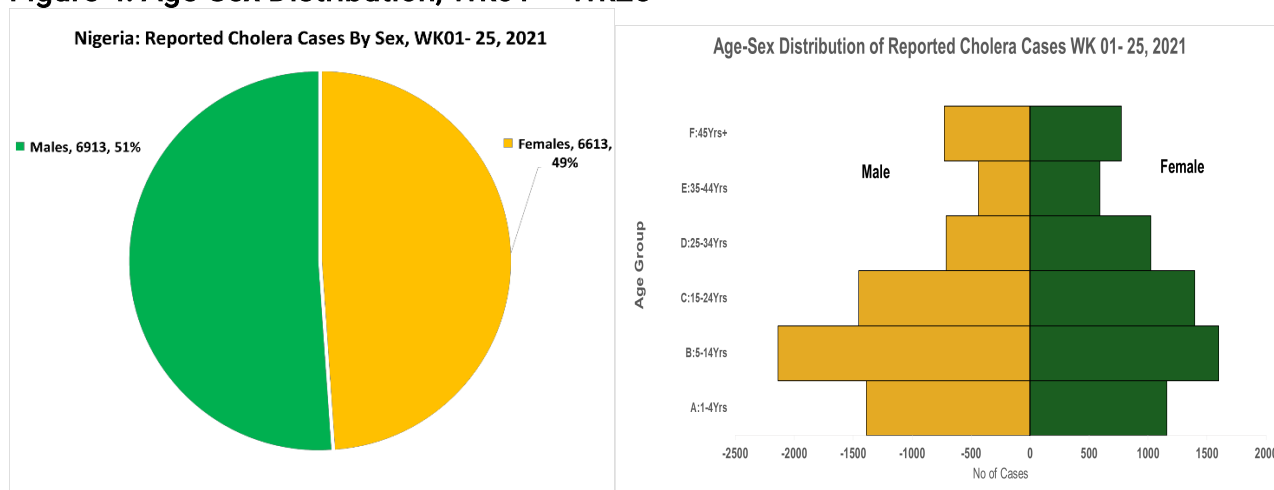
Figure 2: National Epi-Curve



**Figure 3: States Epi-Curve**



**Figure 4: Age-Sex Distribution, Wk01 – Wk25**



## RESPONSE ACTIVITIES

### Coordination

- Response is being coordinated by the national multi-sectoral EOC hosted at NCDC, in collaboration with Federal Ministry of Water Resources (FMWR), National Primary Healthcare Development Agency (NPHCDA) and partners
- State level EOCs were activated in Nasarawa, Benue and Gombe. Currently, Zamfara, Kaduna, Bauchi, Plateau, FCT and Kano State EOCs are in response mode
- National Rapid Response Teams (RRTs) with response commodities were deployed to

- support the response in four states - Benue, Kano, Kaduna and Zamfara States
- Conducted planning meeting with the GTFCC team on OCV reactive campaigns

### Surveillance

- Ongoing surveillance in all states through the routine Integrated Disease Surveillance and Response (IDSR) and Event Based Surveillance (EBS)

### WASH

- Hygiene promotion, provision of safe water and sensitisation on dangers of open defecation ongoing in high-risk communities by WASH sector partners and Community Health Volunteers in the affected states

### Laboratory surveillance

- Supported testing of samples received from Benue, Niger, Plateau, Bauchi and FCT at NCDC National Reference Laboratory (NRL), Abuja
- Planned training of State Laboratory Scientists on sample collection and analysis

### Risk communications

- Cholera jingles are being aired in English and local languages
- Community social mobilisation, distribution of Information, Education and Communication (IEC) materials and awareness campaigns ongoing in affected communities
- Continued follow-up with states for update on risk communication

### Logistics and vaccination

- Essential response commodities are being procured for pre-positioning in cholera hotspots
- Epidemiological trend is being monitored to guide ICG request for planned vaccination campaigns

### 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

### NEXT STEPS

- Conduct training on cholera surveillance, hotspots mapping and developed state level preparedness and response plans
- Maintain communication with states for data reporting
- Develop and submit cholera vaccination request to International Coordinating Group (ICG) for reactive cholera campaign

- Continue advocacy to State Governments to increase funding in WASH infrastructures
- Procure and pre-position response commodities
- Build capacity for sample collection, transportation and laboratory diagnosis
- Planned deployment of RRTs to more affected states
- Scale up risk communications