

# Cholera Situation Report

## WEEKLY EPIDEMIOLOGICAL REPORT 10

Epi Week 33: 16 – 22 August 2021

### Key Points

Table 1: Summary of current week (Epi week 33 ,2021)

Suspected Cases	Deaths (Suspected)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
3,098	63	2.0%	12	83

Table 2: Cumulative summary from Epi week 1-33,2020

Suspected Cases	Deaths (Suspected)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
58,698	2,035	3.5%	24	305

### 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, 12 states reported 3,098 suspected cases - *Bauchi (1,145), Katsina (691), Zamfara (454), Yobe (216), Sokoto (196), Jigawa (187), Kano (80), Niger (79), Borno (30), FCT (11), Adamawa (6) and Kebbi (3)*. Of this, there were 35 RDT confirmed cases from *Katsina (14), Yobe (7), Adamawa (6), Zamfara (4), Borno (2), Jigawa (1) and FCT (1)*. Also 13 culture confirmed cases from *Yobe (6), Adamawa (6) and FCT (1)*
- In addition, there were 63 deaths from *Katsina (19), Bauchi (16), Niger (7), Zamfara (6), Jigawa (4), Sokoto (4), Borno (4), Yobe (1), Kano (1) and Adamawa (1)* states. National CFR is 2.0%
- No new state reported cases in epi week 33
- The national multi-sectoral EOC activated at level 02 continues to coordinate the national response

### Epi-Summary

- As at 27<sup>th</sup> August 2021, a total of 58,698 suspected cases including 2,035 deaths (CFR 3.5%) have been reported from 23 states and FCT in 2021
- There was a 44% decrease in the number of new suspected cases in week 33 (3098) compared with week 32 (5476)
- **Bauchi (1,145), Katsina (691) and Zamfara (454) account for 73.9% of 3,098 suspected cases reported** in week 33
- 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**

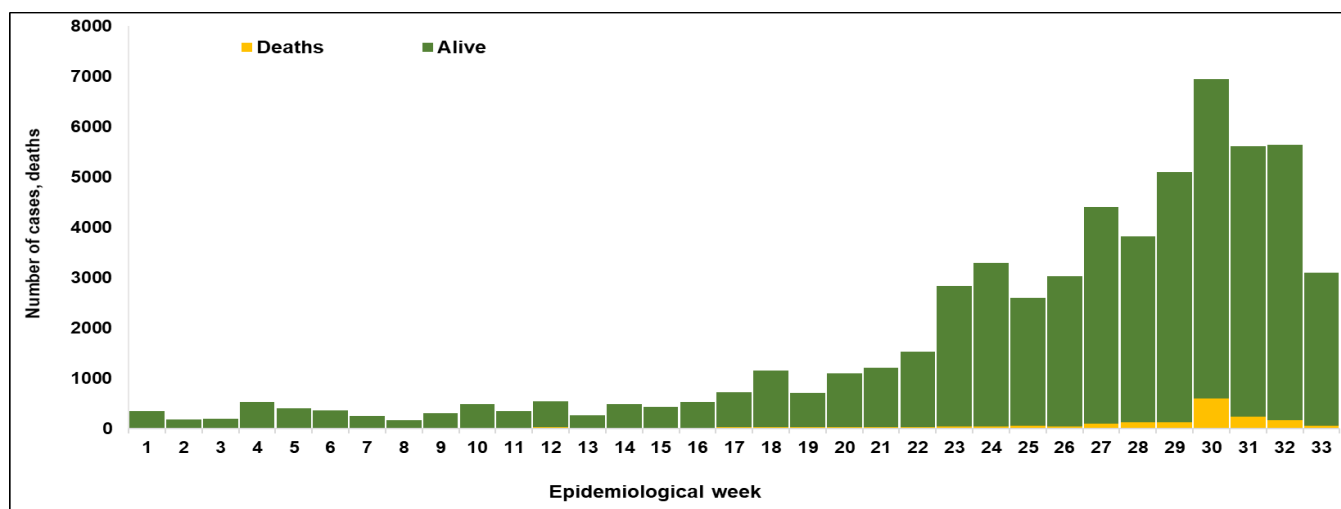


Figure 1. Epidemic curve of weekly reported Cholera cases, week 1 to week 33, 2021

- A backlog of 2,492 suspected cases was added to the initial 2,984 cases reported in epi week 32, 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	16,217	28%	28%
2	Jigawa	8,620	15%	42%
3	Kano	8,605	15%	57%
4	Sokoto	5,352	9%	66%
5	Zamfara	4,234	7%	73%
6	Katsina	4,102	7%	80%
7	Kebbi	1,965	3%	84%
8	Niger	1,724	3%	87%
9	Kaduna	1,432	2%	89%
10	Plateau	1,430	2%	91%
	<b>Total</b>	<b>53,681</b>	<b>91%</b>	

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	8397	14%	14%
2	Hadejia	Jigawa	2127	4%	18%
3	Gusau	Zamfara	2000	3%	21%
4	Dutse	Jigawa	1759	3%	24%
5	Sumaila	Kano	1457	2%	26%
6	Toro	Bauchi	1447	2%	28%
7	Funtua	Katsina	1192	2%	30%
8	Ganjuwa	Bauchi	1161	2%	32%
9	Zurmi	Zamfara	1045	2%	34%
10	Birnin Kudu	Jigawa	970	2%	36%
11	Tafawa Balewa	Bauchi	822	1%	37%
12	Bichi	Kano	773	1%	38%
13	Ningi	Bauchi	768	1%	39%

14	Illela	Sokoto	721	1%	40%
15	Gwadabawa	sokoto	614	1%	41%
<b>Total</b>			<b>25,253</b>	<b>41%</b>	

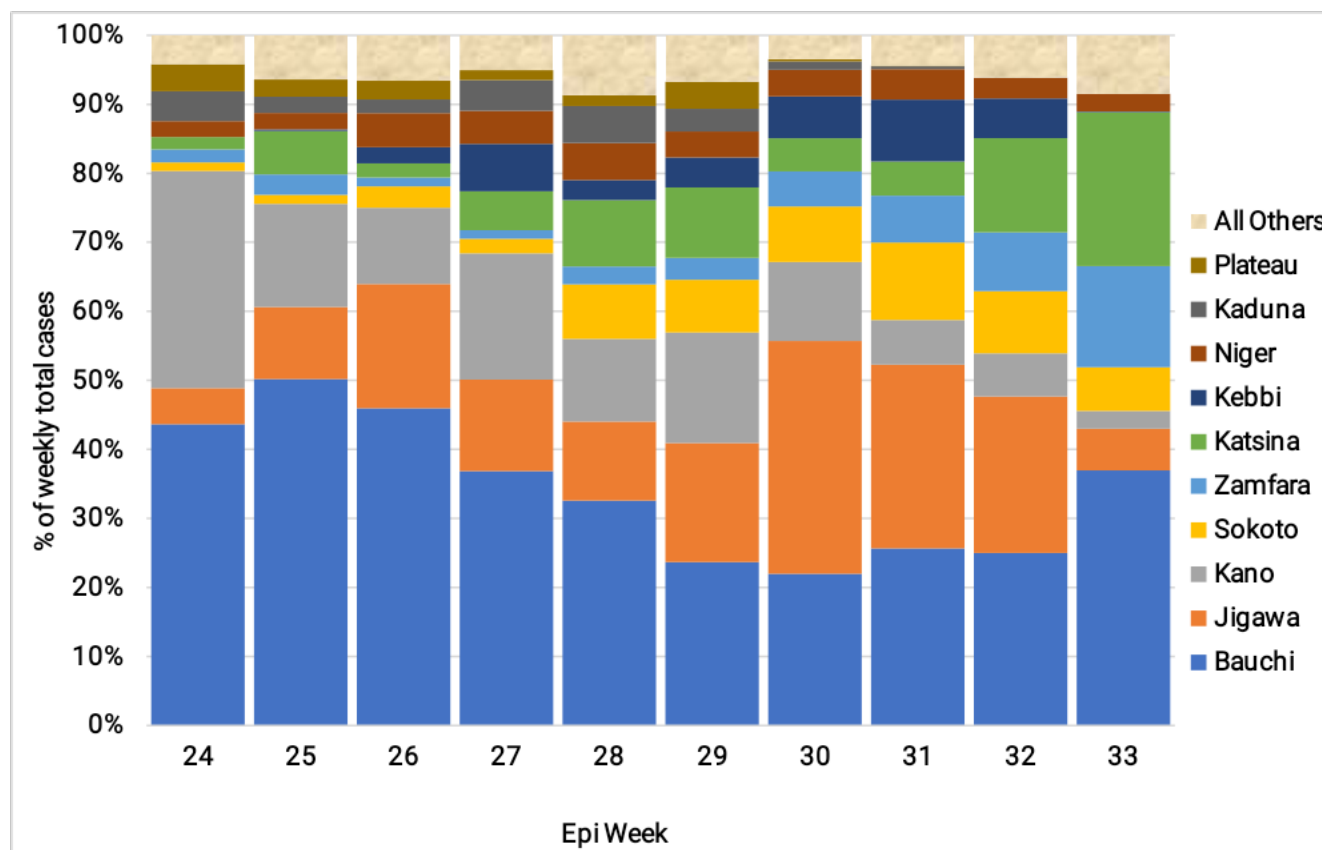


Figure 2. Percentage contribution of weekly cases by state in recent 10 weeks, week 24- 33, 2021



Figure 4. Age-Sex Pyramid for cumulative Cholera Cases, week 1-33 , 2021: N=58,618

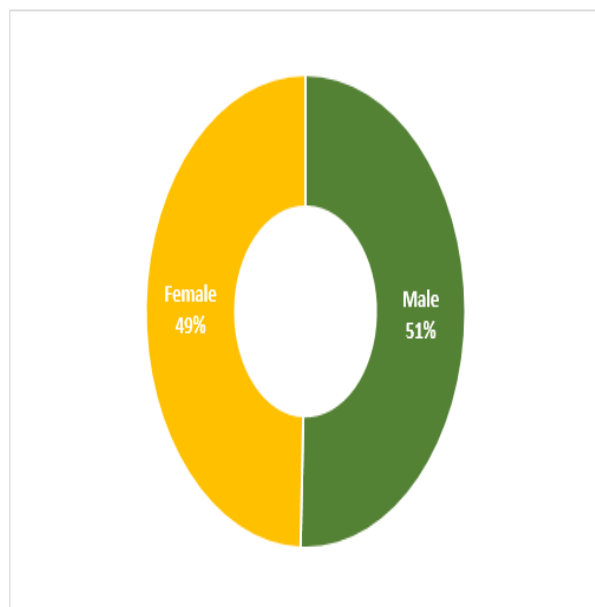


Figure 5. Sex disaggregation for cumulative Cholera cases, week 1-33 , 2021: N=58,618

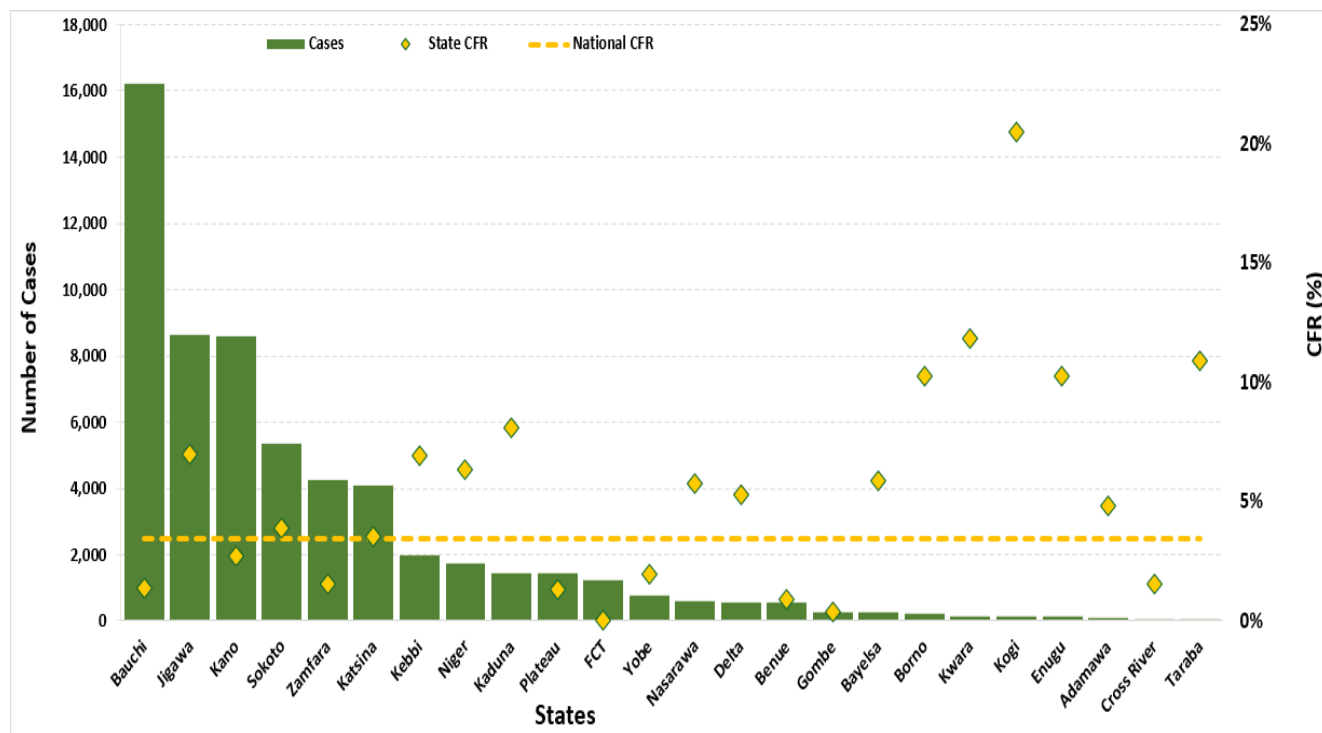


Figure 4: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1-33, 2021

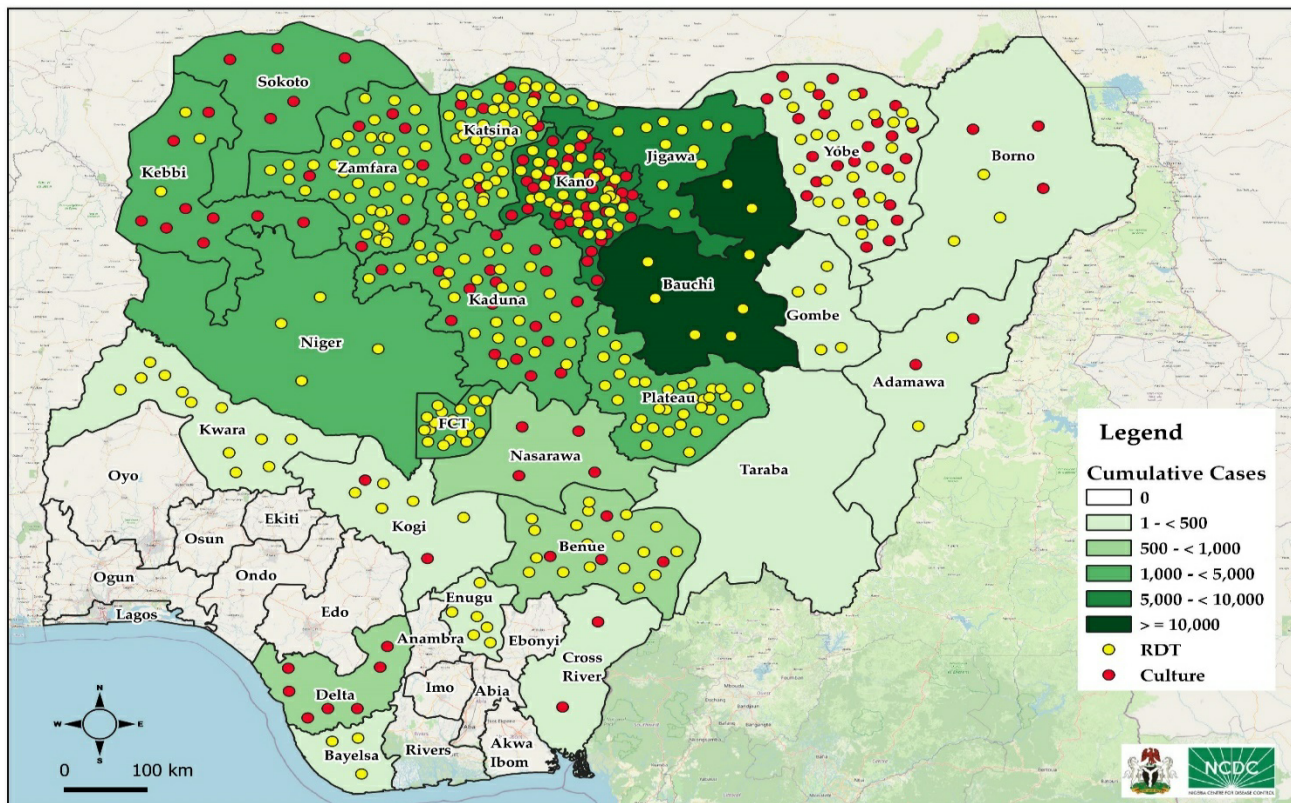


Figure 5. Map of Nigeria showing states with RDT + Culture confirmation and the burden of suspected cases, week 1- 33, 2021

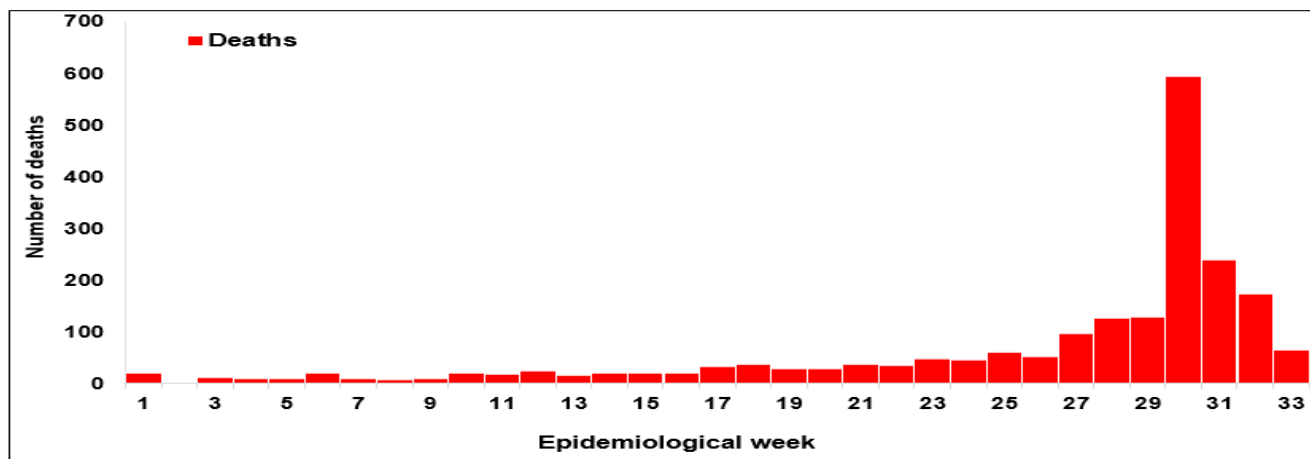


Figure 6: Trends in Deaths, week 1-33, 2021, Nigeria

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



	<p>the routine Integrated Disease Surveillance and Response (IDSR) and Event Based Surveillance (EBS)</p> <ul style="list-style-type: none"> <li>• Provide offsite/onsite support to states and follow up for daily reporting and progress with response activities</li> </ul>	<p>harmonisation</p> <ul style="list-style-type: none"> <li>• Evaluation of the cholera data collated from the recently concluded Integrated Supportive Supervision (ISS) in the 18 Northern States</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>• Planned training of Health Care Workers (HCW) on management of cholera</li> <li>• Continuous follow up with the states for updates</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 and FCT at NCDC National Reference Laboratory (NRL), Abuja</li> </ul>	<ul style="list-style-type: none"> <li>• Planned training of State 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>• National Youth Volunteer Programme on Clean Nigeria Campaign launched by the Federal Ministry of Water Resources (FMWR)</li> <li>• Continuous construction of sanitation and hygiene facilities with boreholes in cholera hotspots</li> </ul>	<p>Planned distribution of additional 100 hygiene kits to affected states</p>
<b>Logistics</b>	<p>Essential response commodities are being distributed to all cholera affected states</p>	<ul style="list-style-type: none"> <li>• Continue supporting affected states with essential response commodities</li> </ul>
<b>Vaccination</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 Agatu LGA, Benue State and Bauchi LGA, Bauchi State</li> </ul>	<p>Continue monitoring epidemiological trend to guide ICG request for planned vaccination campaigns</p>
<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</li> </ul>	<ul style="list-style-type: none"> <li>• Continue airing of Cholera jingles and distribution of IEC materials</li> </ul>

	<p>Information, Education and Communication (IEC) materials and awareness campaigns ongoing in affected communities</p> <ul style="list-style-type: none"> <li>• Conducted Ministerial press briefings</li> </ul>	<ul style="list-style-type: none"> <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 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  $\geq 2$  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 27<sup>th</sup> AUGUST 2021**