

Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 02

Epidemiological week 1- 8: (06 February to 27 February 2022)

Key Points

Table 1: Summary of current week (Epi week 8,2022)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
2	0	0.0%	2	2

Table 2: Cumulative summary from Epi week 1 - 8,2022

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
701	19	2.7%	12	37

Week 08 Highlights

- Twelve states have reported suspected cholera cases in 2022. These are Abia, Adamawa, Bauchi, Bayelsa, Borno, Cross River, Kwara, Lagos, Nasarawa, Rivers, Taraba and Zamfara
- In the reporting week, 2 states reported 2 suspected cases – Nasarawa (1) and Rivers (1)
- There was **33% decrease in the number of new suspected cases** in week 07 (3) compared with week 8 (2)
- Nasarawa and Rivers states account for 100% of 2 suspected cases reported in week 08
- During the reporting week, only 1 Cholera Rapid Diagnostic Test (RDT) was conducted. The RDT conducted was from Nasarawa. This was positive - 1 (100%)
- No stool culture was conducted
- Of the cases reported, there was no death from the two states reporting with a weekly case fatality ratio (CFR) of 0.0%
- No new state reported cases in week 08
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary

- As of 27th February 2022, a total of 701 suspected cases including 12 deaths (CFR 2.7%) have been reported from 12 states in 2022
- Of the suspected cases since the beginning of the year, **age group <5 years** is the most affected age group for male and female
- Of all suspected cases, **47% are males and 53% are females**
- Three states - Taraba (242 cases), Cross River (111), Borno (91 cases), Bayelsa (76) and Adamawa (56 cases) account for 82% of all cumulative cases

- Ten LGAs across six states Borno (3), Cross River (2), Taraba (2), Bayelsa (1) Kwara (1) and Rivers (1) reported more than 10 cases each this year

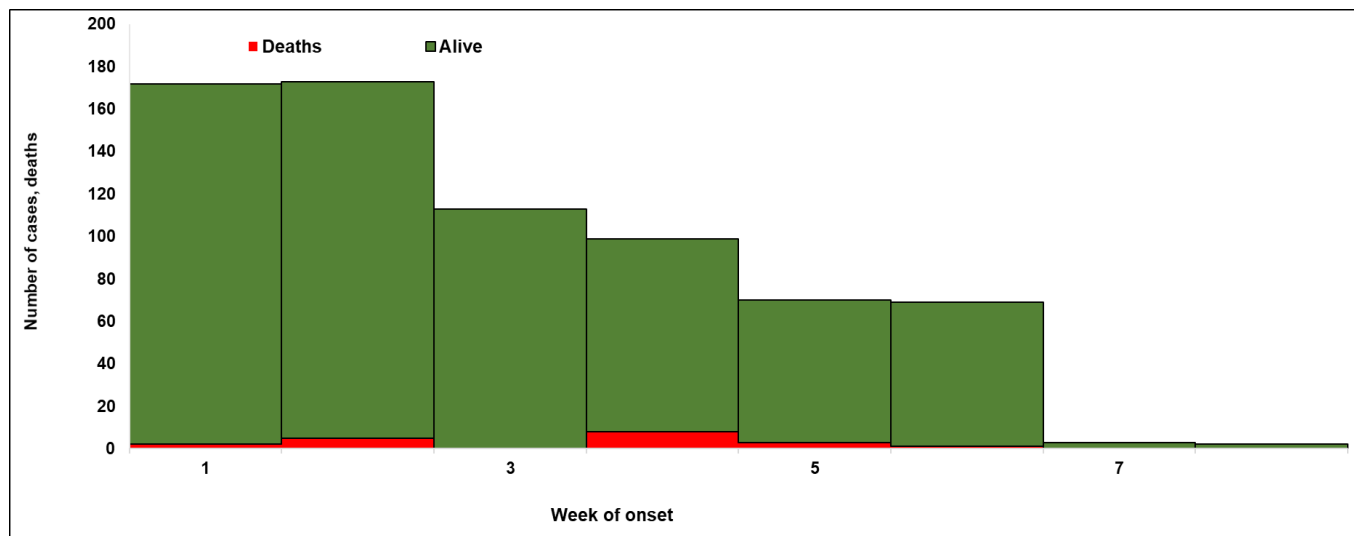


Figure 1: National Epidemic curve of weekly reported Cholera cases, week 1 to week 8, 2022

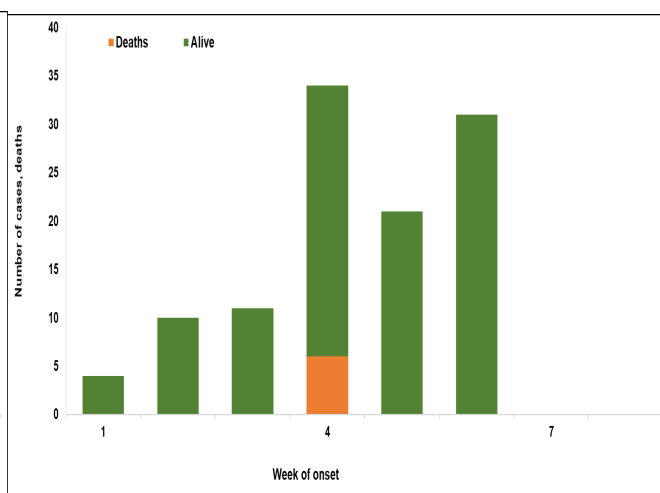
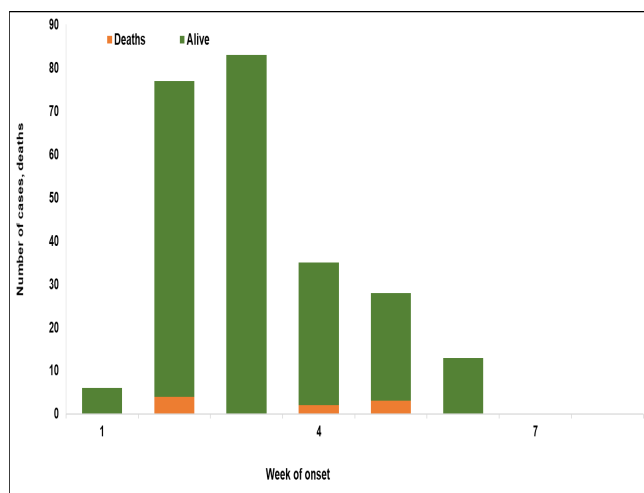


Fig 2: Taraba epidemic curve, week 1 to week 8, 2022

Fig 3: Cross River epidemic curve, week 1 to week 8, 2022

Fig 4: Borno epidemic curve, week 1 to week 8, 2022

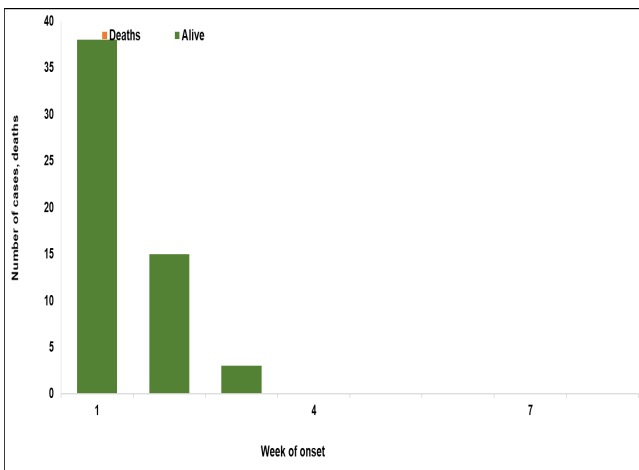


Fig 5: Adamawa epidemic curve, week 1 to week 8, 2022

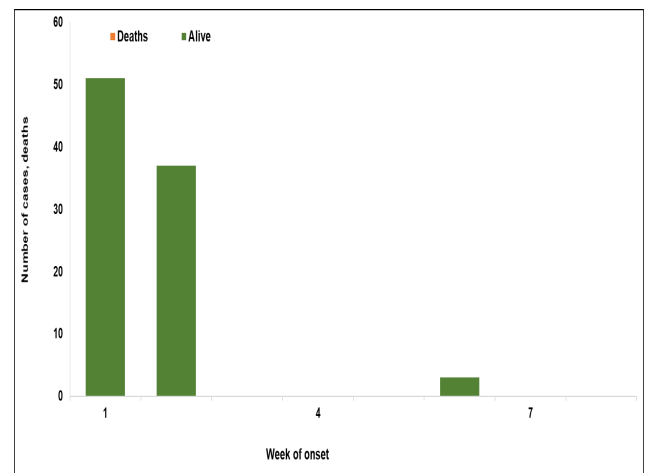


Fig 6: Rivers epidemic curve, week 1 to week 8, 2022

Fig 7: Nasarawa epidemic curve, week 1 to week 8, 2022

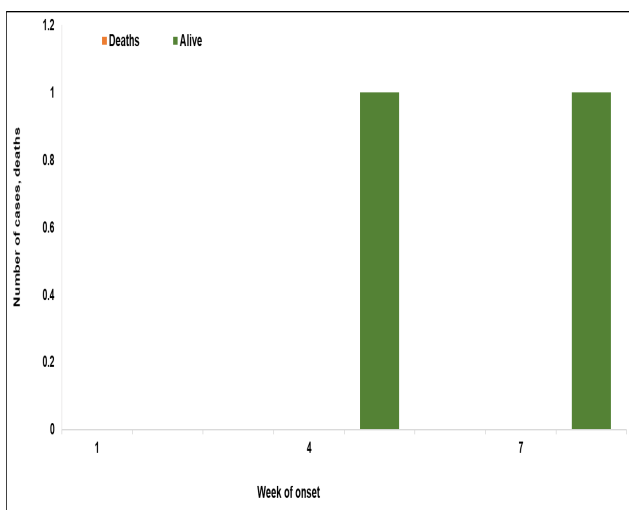
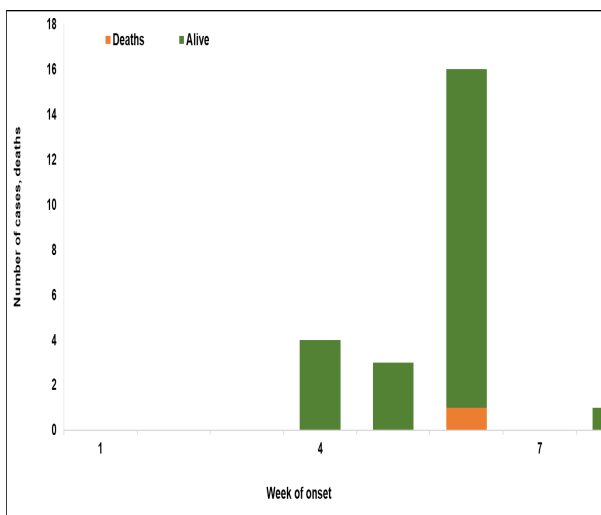


Table 3: Top 9 states in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Taraba	242	35%	35%

2	Cross River	111	16%	50%
3	Borno	91	13%	63%
4	Bayelsa	76	11%	74%
5	Adamawa	56	8%	82%
6	Lagos	33	5%	87%
7	Kwara	30	4%	91%
8	Rivers	24	3%	99%
9	Abia	4	1%	99%
Total		695	99%	

**Table 4:
Top 14
Local**

Government Areas (LGAs) in cumulative cases

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Gassol	Taraba	195	28%	28%
2	Ogoja	Cross River	80	11%	39%
3	Wukari	Taraba	47	7%	46%
4	Southern/Ijaw	Bayelsa	42	6%	52%
5	Edu	Kwara	30	4%	56%
6	Mafa	Borno	30	4%	60%
7	Maiduguri	Borno	29	4%	65%
8	Odukpani	Cross River	22	3%	71%
9	Jere	Borno	22	3%	74%
10	Degema	Rivers	20	3%	77%
11	Nembe	Bayelsa	18	3%	80%
12	Yola South	Adamawa	18	3%	82%
13	Ogbia	Bayelsa	16	2%	85%
14	Ikorodu	Lagos	16	2%	87%
Total			609	87%	

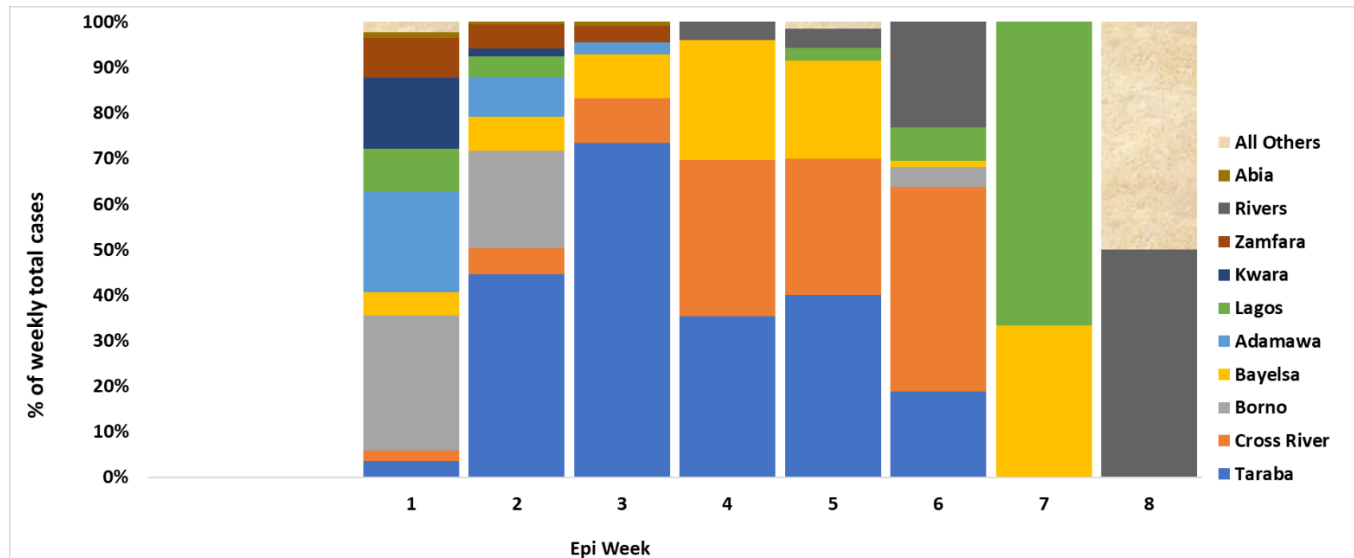


Figure 8: Percentage contribution of weekly cases by state in recent 5 weeks, week 1 - 8, 2022

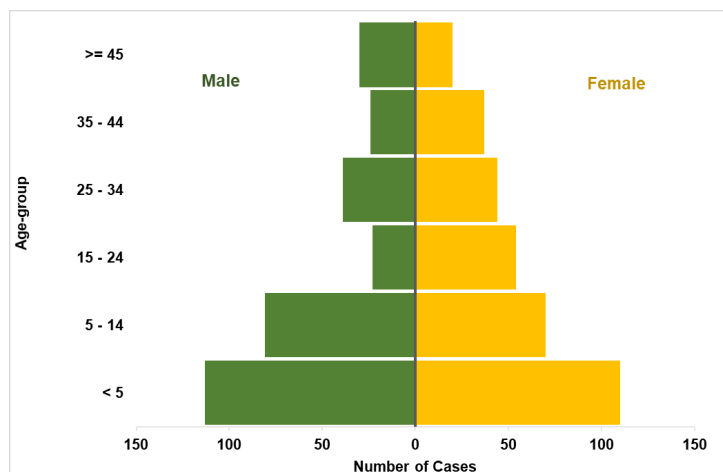


Figure 9. Age-Sex Pyramid for cumulative Cholera Cases, week 1-8 , 2022: N=699

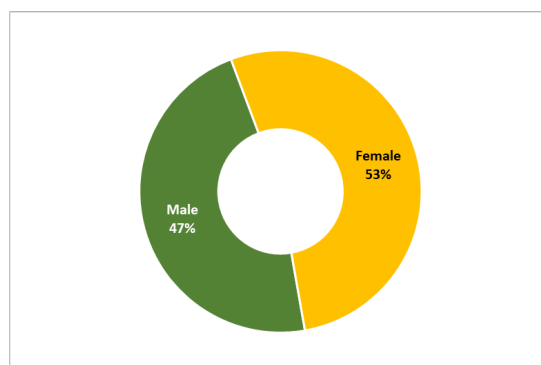


Figure 10. Sex disaggregation for cumulative Cholera cases, week 1-8 , 2022: N=699

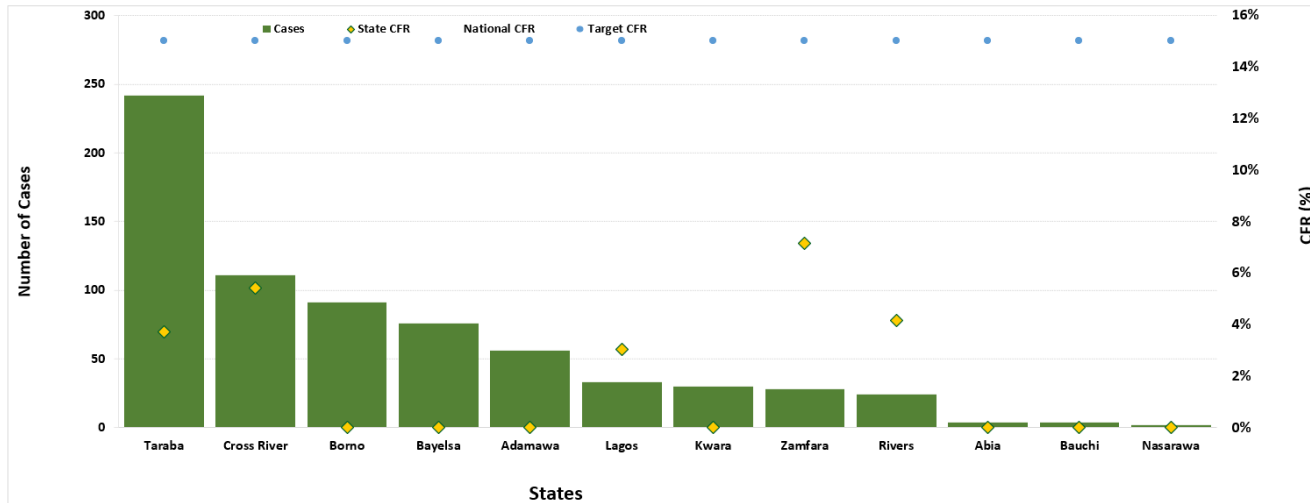


Figure 10: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1 - 8, 2022

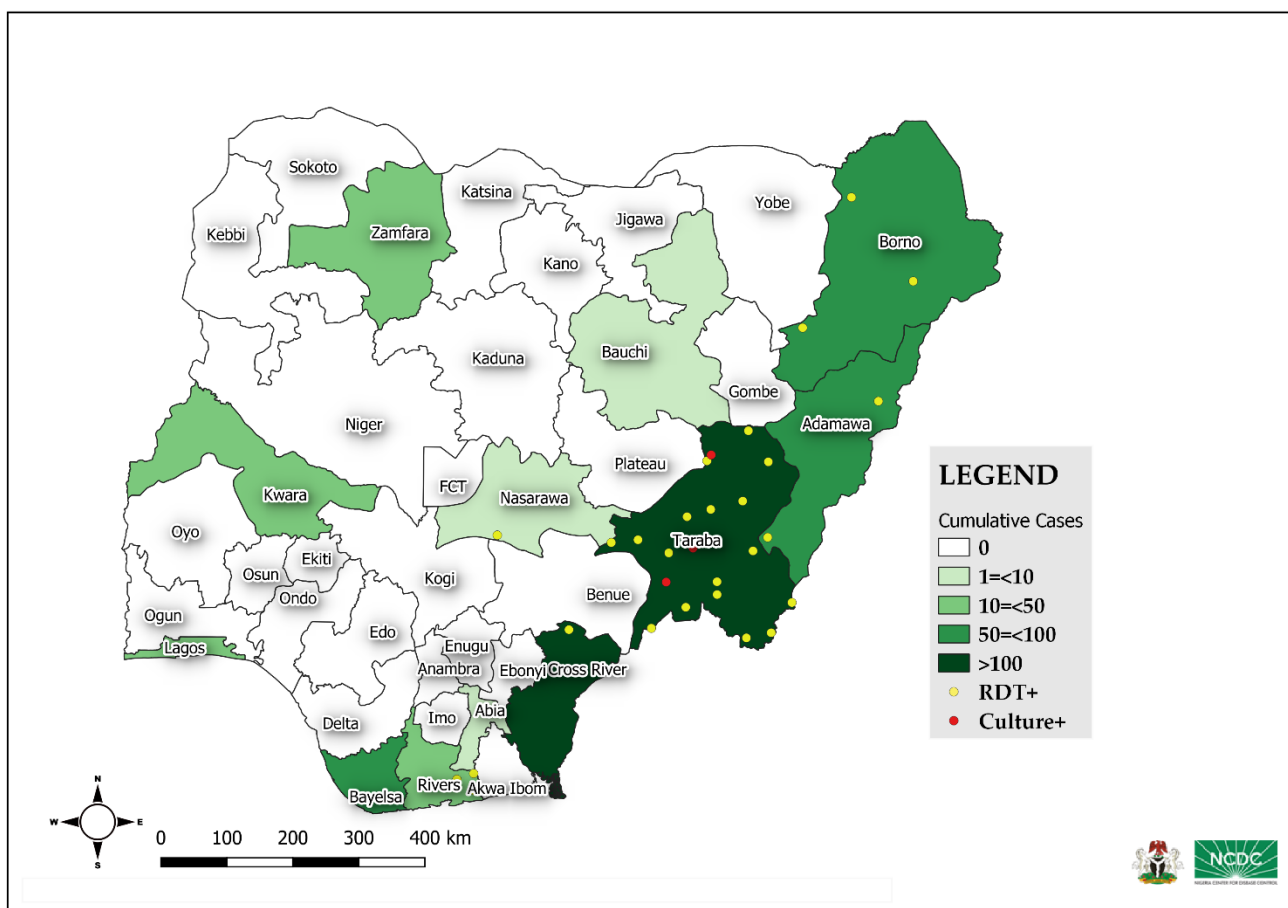


Figure 11. Map of Nigeria showing states with RDT + Culture and suspected cases, week 1 - 8, 2022

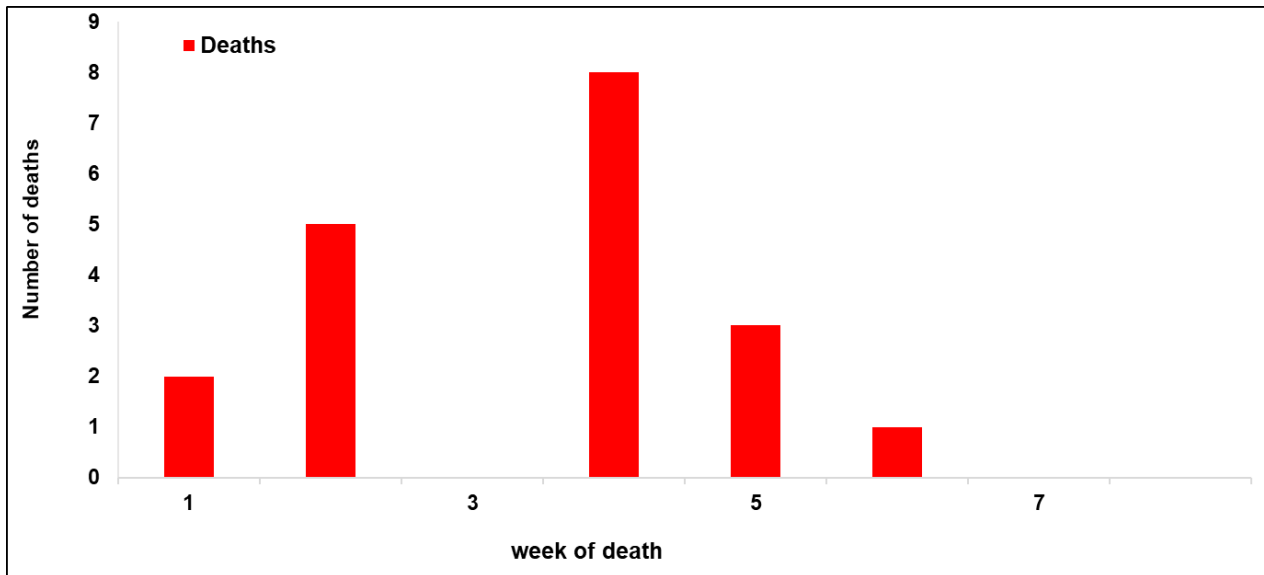


Figure 12: Trends in deaths, week 1 - 8, 2022, Nigeria

Table 5. Summary table for Weekly & Cumulative number of Cholera Cases, for 2022

Pillar	Activities to date	Next steps
Coordination	<ul style="list-style-type: none"> • Response is being coordinated by the national multi-sectoral TWG hosted at NCDC, in collaboration with Federal Ministry of Health (FMOH), Federal Ministry of Water Resources (FMWR), Federal Ministry of Environment (FMEnvrt), and partners • A National Rapid Response Team (NRRT) with response commodities was deployed to support the ongoing outbreak response in Taraba state • Conducted the 2021 cholera After Action Review (AAR) in Kano state 	<ul style="list-style-type: none"> • The national multi-sectoral TWG will continue to coordinate the national response • Continue sub-national level trainings on cholera detection, reporting and case management
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) • Providing offsite/onsite support to states and follow up for daily reporting and progress with response activities 	<ul style="list-style-type: none"> • Continue data collation and harmonisation • Planned cholera surveillance evaluation across states
Case Management & IPC	<ul style="list-style-type: none"> • Provided technical support and response commodities to affected states • Finalization workshop held on cholera case management guideline, treatment protocol and SOP harmonization 	<ul style="list-style-type: none"> • Continue providing technical support on case management and IPC to states • Continue training of Health Care Workers (HCW) on management of cholera • Continuous follow up with states for updates and support
Laboratory	<ul style="list-style-type: none"> • Supported ongoing testing across state-level laboratories at NCDC National Reference Laboratory (NRL), Abuja 	<ul style="list-style-type: none"> • Planned sub-national level training of 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 • Continuous construction of sanitation and hygiene facilities with boreholes in cholera hotspots • Completed training of WASH Officers across states 	<ul style="list-style-type: none"> • Continue distribution of hygiene kits to affected states
Logistics	<ul style="list-style-type: none"> • 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 (led by	<ul style="list-style-type: none"> • Epidemiological trend is being monitored 	<ul style="list-style-type: none"> • Continue monitoring

NPHCDA)	to guide ICG request for planned vaccination campaigns	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 EOC currently activated in Taraba	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
- Poor hygiene practice in most cholera affected communities
- 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

- Continue 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
- 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 cholera surveillance evaluation across states
- Scale up risk communications
- Planned national deployment to Cross River state

Notes on this report

Data Source

Information for this disease was from routine case-based data and outbreak line-lists retrieved by the National Cholera Technical Working Group

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 27th February 2022