



Cholera Situation Report

WEEKLY EPIDEMIOLOGICAL REPORT 21

Epidemiological week 44: (01 November to 07 November 2021)

Key Points

Table 1: Summary of current week (Epi week 44 ,2021)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
78	4	5.6%	6	13

Table 2: Cumulative summary from Epi week 1 - 44,2021

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
100,057	3,449	3.4%	33	391

Week 44 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, 6 states reported **78** suspected cases - Borno (32), Kebbi (20), Adamawa (19), Cross River (3), Ogun (2) and Oyo (2).
- There was **81% decrease in the number of new suspected cases** in week 44 (78) compared with week 43 (409)
- Borno (32) and Kebbi (20) account for 67% of 78 suspected cases reported in week 44
- During the reporting week, 9 Cholera Rapid Diagnostic Tests (RDT) were conducted. RDT conducted were from Adamawa (5), Kebbi (1), Cross River (1), Ogun (1) and Oyo (1). Of this, a total of 3 (33%) were positive by RDT
- Only 1 stool culture was done in Adamawa and is not positive
- Of the cases reported, there were four deaths from two states reporting with a weekly case fatality ratio (CFR) of 5.1%
- No new state reported cases in week 44
- The national multi-sectoral EOC activated at level 02 continues to coordinate the national response

Cumulative Epi-Summary

- As of 7th November 2021, a total of 100,057 suspected cases including 3,449 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 (12,965 cases) Kano (12,116 cases), and Zamfara (11,101 cases) account for 56% 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

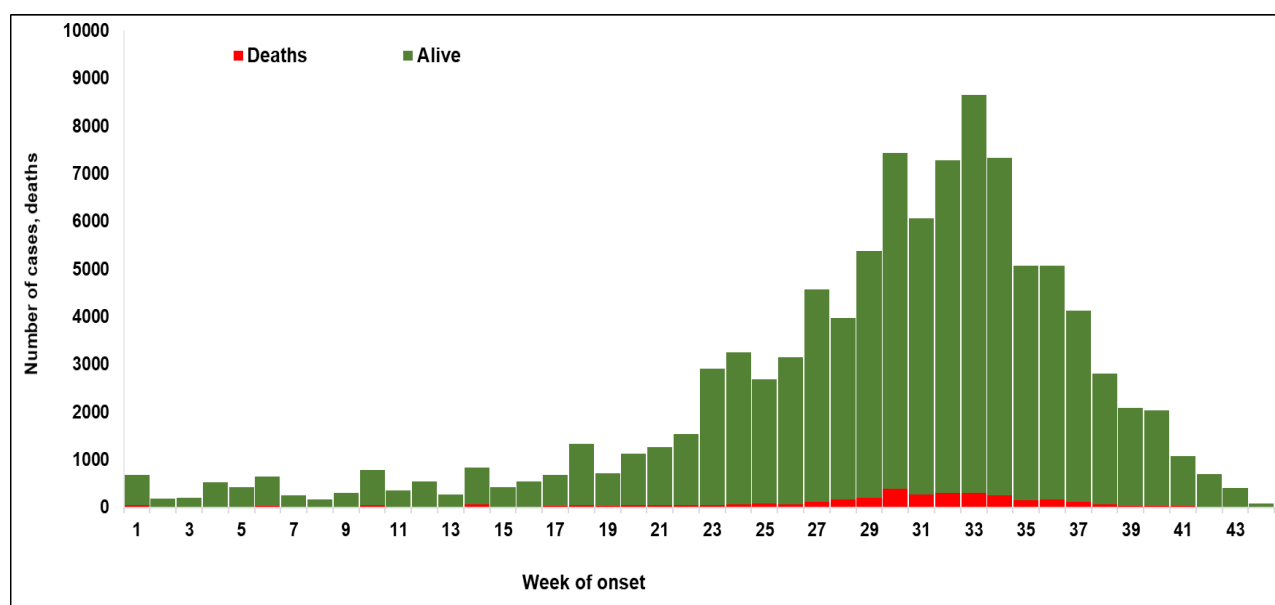


Figure 1: National Epidemic curve of weekly reported Cholera cases, week 1 to week 44, 2021

Fig 2: Benue epidemic curve, week 1 to week 44, 2021

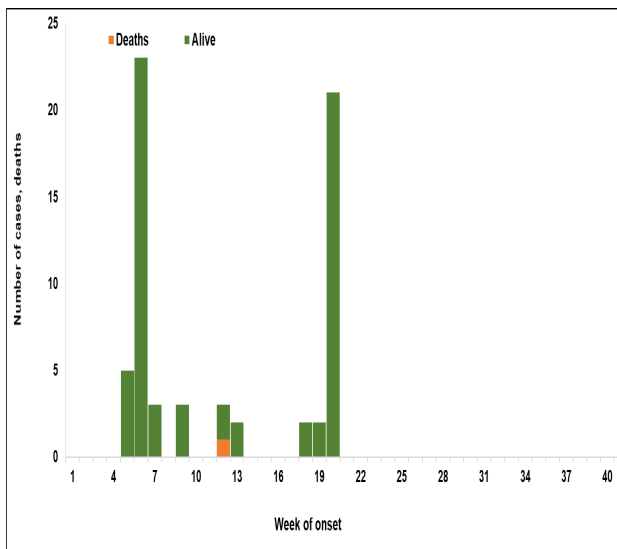


Fig 3: Ogun epidemic curve, week 1 to week 44, 2021

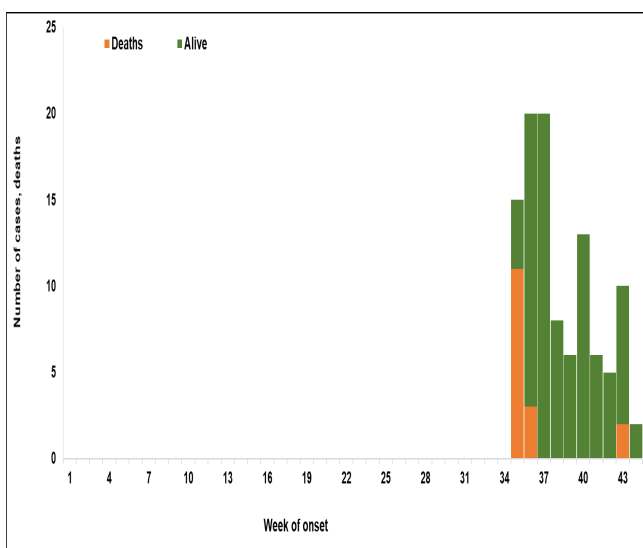


Fig 4: Kebbi epidemic curve, week 1 to week 44, 2021

Fig 5: Oyo epidemic curve, week 1 to week 44, 2021

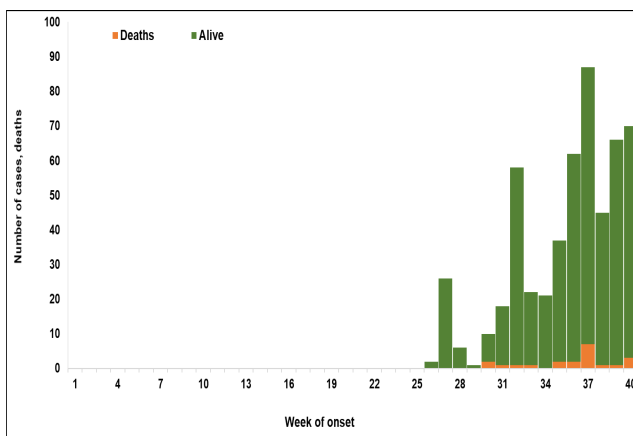
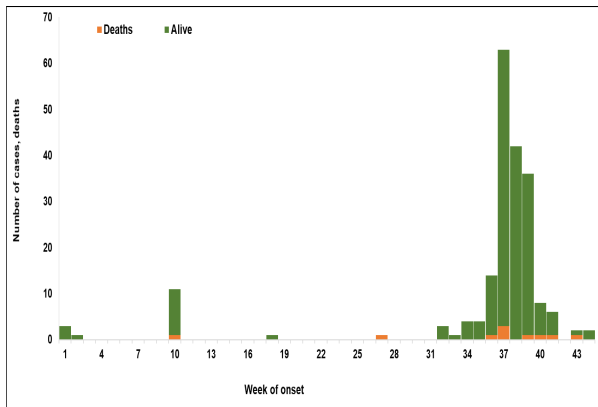
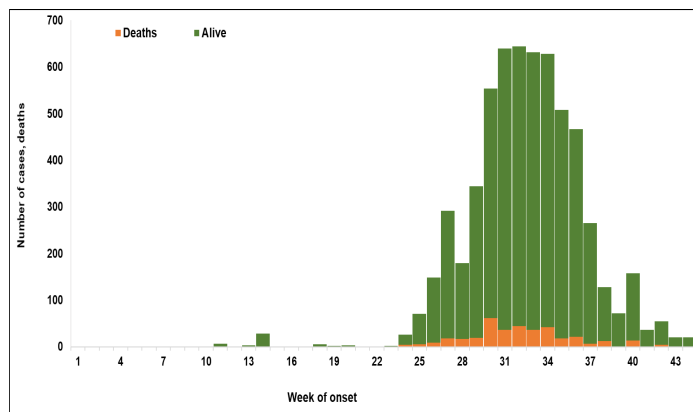


Fig 7: Borno epidemic curve, week 1 to week 44, 2021

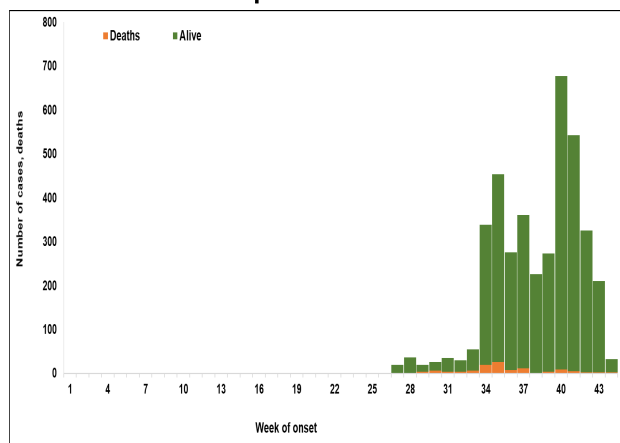


Fig 6: Adamawa epidemic curve, week 1 to week 44, 2021

Table 3: Top 10 states in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Bauchi	19,470	19%	19%
2	Jigawa	12,965	13%	32%
3	Kano	12,116	12%	45%
4	Zamfara	11,101	11%	56%
5	Katsina	8,602	9%	64%
6	Sokoto	8,477	8%	73%
7	Kebbi	5,940	6%	79%
8	Borno	3,938	4%	83%
9	Yobe	3,750	4%	86%
10	Niger	2,851	3%	89%
	Total	89,180	89%	

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

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Bauchi	Bauchi	9336	9%	9%
2	Hadejia	Jigawa	3060	3%	12%
3	Dutse	Jigawa	3000	3%	15%
4	Zurmi	Zamfara	2855	3%	18%
5	Shinkafi	Zamfara	2152	2%	20%
6	Anka	Zamfara	2100	2%	23%
7	Gusau	Zamfara	2012	2%	25%
8	Funtua	Katsina	1959	2%	26%
9	Sumaila	Kano	1923	2%	28%

10	Toro	Bauchi	1911	2%	30%
11	Ganjuwa	Bauchi	1311	1%	32%
12	Tafawa Balewa	Bauchi	1081	1%	33%
13	Birnin Kudu	Jigawa	970	1%	34%
14	Gwadabawa	Sokoto	969	1%	35%
15	Dange-Shuni	Sokoto	958	1%	36%
Total			35,597	36%	

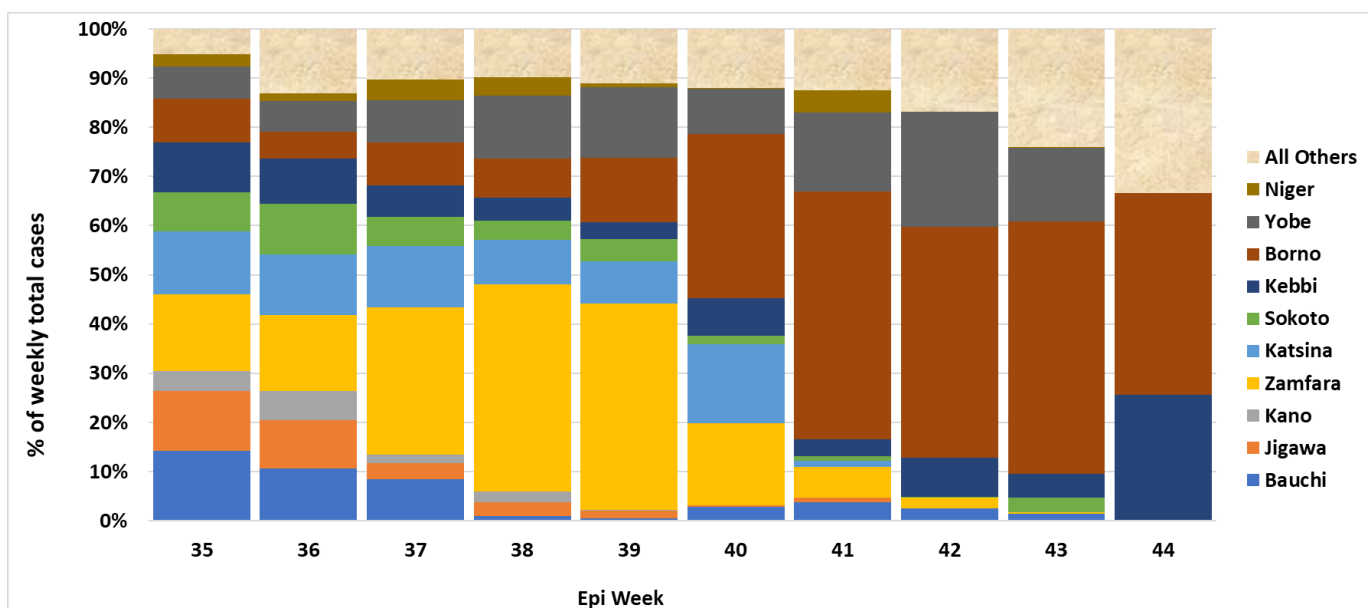


Figure 8: Percentage contribution of weekly cases by state in recent 10 weeks, week 35 - 44, 2021

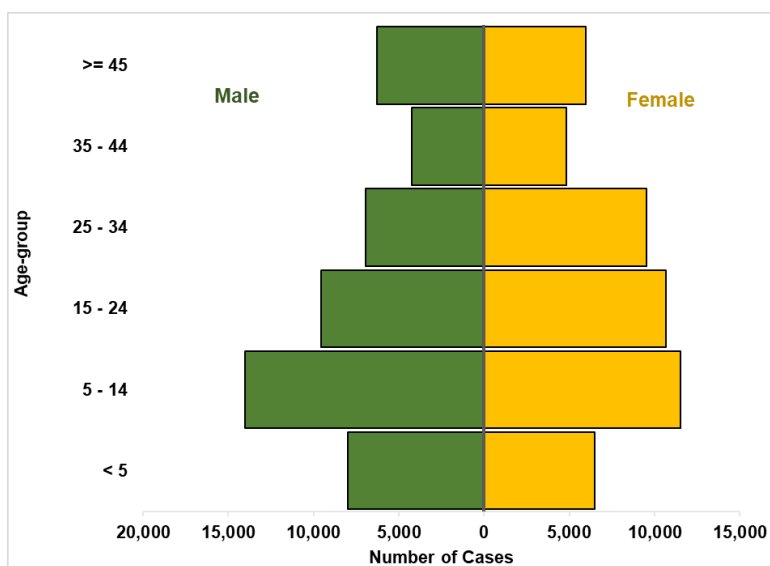


Figure 9. Age-Sex Pyramid for cumulative Cholera Cases, week 1-44 , 2021: N=99,104

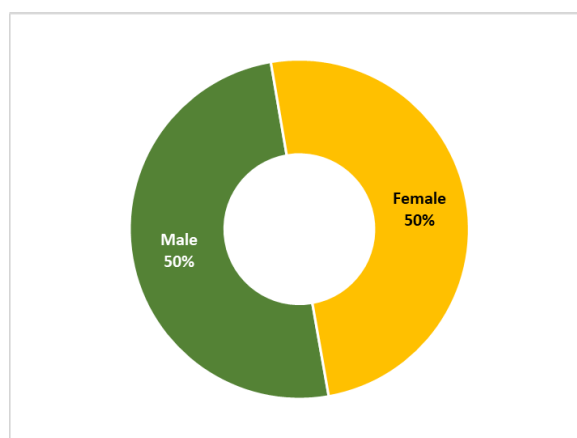


Figure 10. Sex disaggregation for cumulative Cholera cases, week 1-44 , 2021: N=99,104

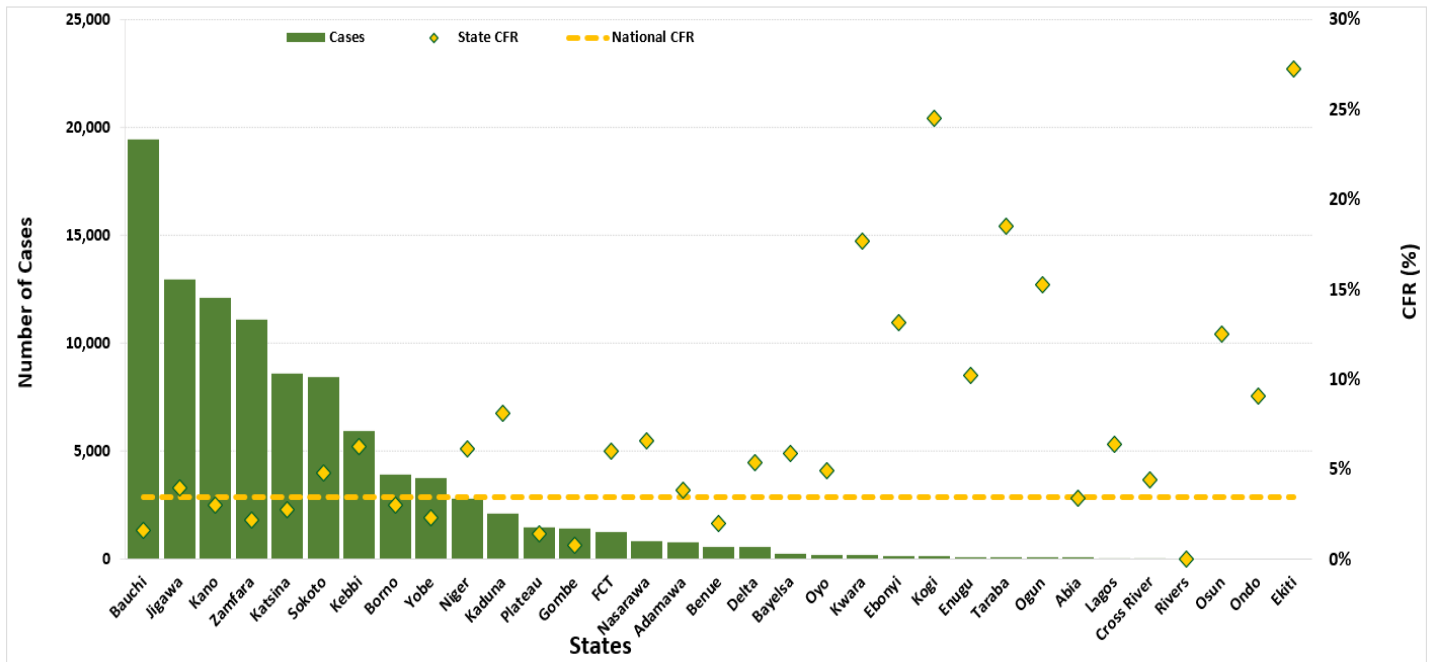


Figure 11: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1 - 44, 2021

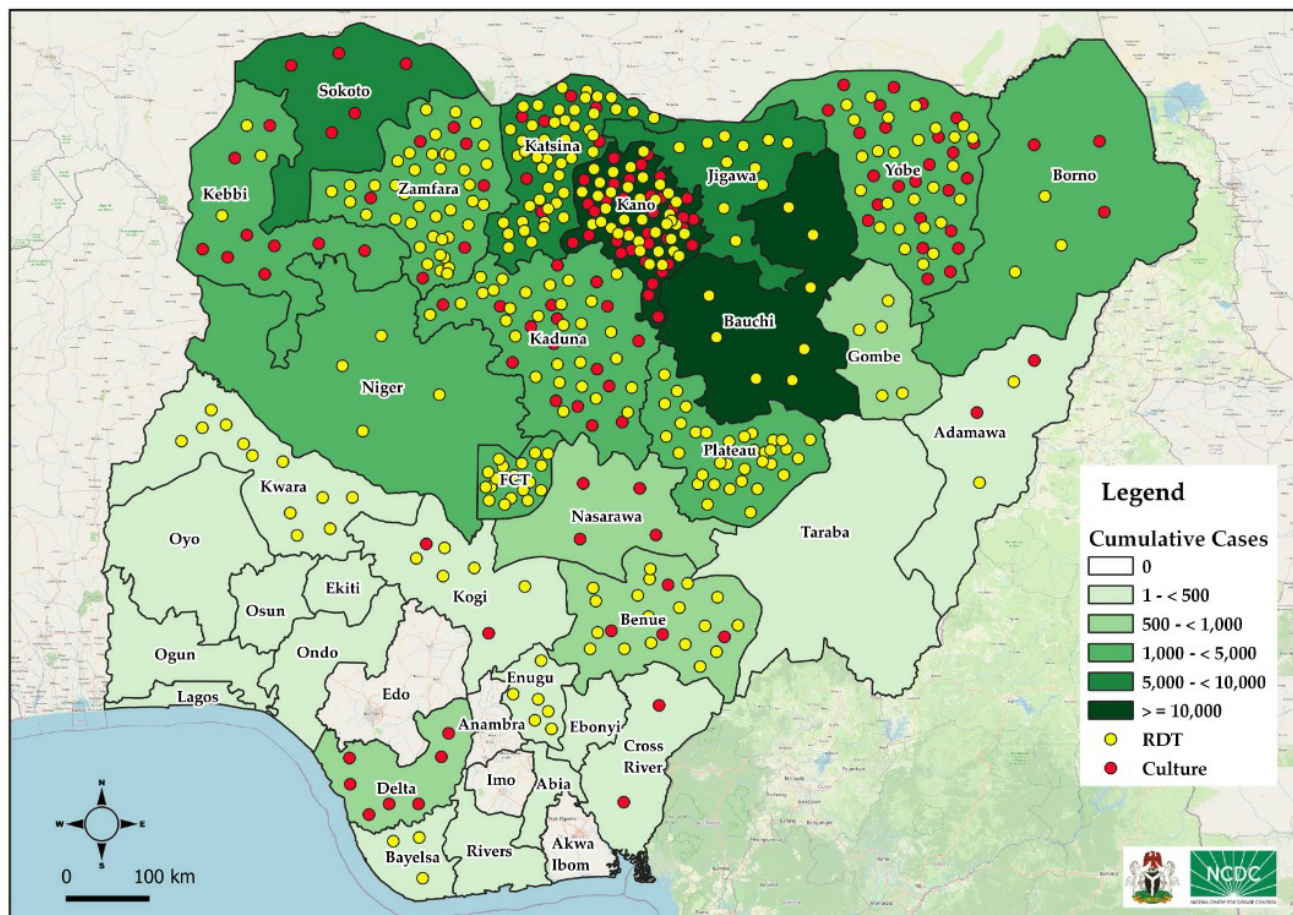


Figure 12. Map of Nigeria showing states with RDT + Culture confirmation and suspected cases, week 1 - 44, 2021

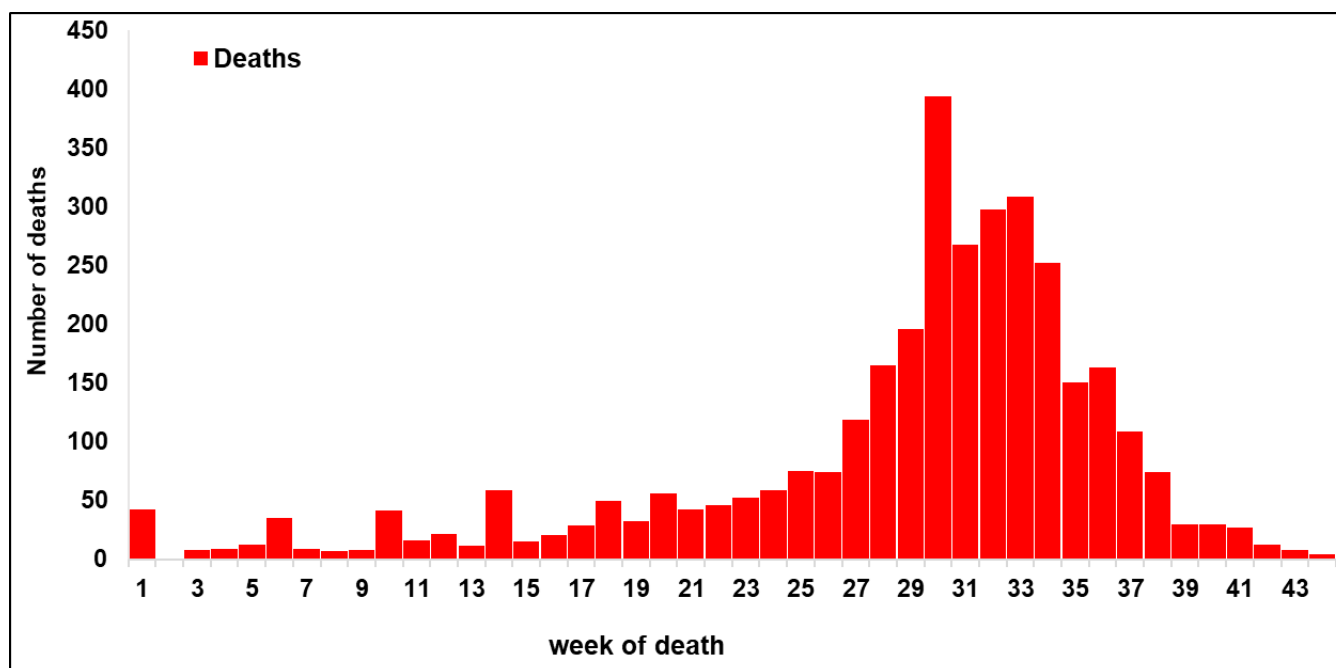


Figure 13: Trends in Deaths, week 1 - 44, 2021, Nigeria

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 sixteen states - Benue, Kano, Kaduna, Zamfara, Bauchi, Plateau, Jigawa, Katsina, Niger, Gombe, Sokoto, Kebbi, Oyo, Yobe, Adamawa and the FCT 	<ul style="list-style-type: none"> The national multi-sectoral EOC activated at level 02 continues to coordinate the national response Continue zonal level trainings on cholera detection, reporting and case management Planned NRRT deployment to Borno, Zamfara, Adamawa, Ogun and Cross River States
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 Continue zonal level trainings on data analysis
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 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 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 and FCT at NCDC National Reference Laboratory (NRL), Abuja Ongoing testing across state-level laboratories 	<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 	<ul style="list-style-type: none"> Continue distribution of hygiene kits to affected states

	<p>affected states</p> <ul style="list-style-type: none"> • Continuous construction of sanitation and hygiene facilities with boreholes in cholera hotspots 	
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 NPHCDA)	<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 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 	<ul style="list-style-type: none"> • Continue monitoring epidemiological trend to guide ICG request for planned vaccination campaigns • Planned OCV campaigns in: Zamfara State (LGAs: Shinkafi, Zurmi)
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	<p>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 and the FCT</p>	<p>Continue supporting state response activities</p>

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
- 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 7th NOVEMBER 2021