



# Cholera Situation Report

## WEEKLY EPIDEMIOLOGICAL REPORT 29

Epidemiological week 52: (27 December 2021 to 02 January 2022)

### Key Points

Table 1: Summary of current week (Epi week 52 ,2021)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
46	0	0.0%	6	13

Table 2: Cumulative summary from Epi week 1 - 52,2021

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
111,062	3,604	3.2%	34	435

### Week 52 Highlights

- Thirty-three states and FCT have reported suspected cholera cases in 2021. These are Abia, Adamawa, Akwa Ibom, 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 **46** suspected cases – Gombe (16), Lagos (9), Adamawa (7), Nasarawa (6), Borno (6) and Akwa Ibom (2)
- There was **84% decrease in the number of new suspected cases** in week 52 (46) compared with week 51 (280)
- Gombe (16), Lagos (9) and Adamawa (7) account for 70% of 46 suspected cases reported in week 52
- During the reporting week, 2 Cholera Rapid Diagnostic Test (RDT) was conducted. RDT conducted was from Nasarawa (2). Of this, a total of 1 (50%) was positive
- 1 stool culture was conducted. Stool culture conducted was from Nasarawa (1) Of this, none (0%) was positive
- Of the cases reported, there was no death from eight states reporting with a weekly case fatality ratio (CFR) of 0.0%
- No new state reported cases in week 52
- The national multi-sectoral Cholera TWG continues to monitor and coordinate response across states

### Cumulative Epi-Summary

- As of **02<sup>nd</sup> January 2022**, a total of **111,062** suspected cases including **3,604** deaths (CFR **3.2%**) have been reported from 33 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 (19,558 cases)**, **Jigawa (15,141 cases)** **Kano (12,116 cases)**, and **Zamfara (11,931 cases)** account for 53% of all cumulative cases
- Eleven LGAs across five states **Bauchi (4)**, **Zamfara (4)**, **Kano (1)**, **Katsina (1)** and **Borno (1)** reported more than 1,000 cases each this year

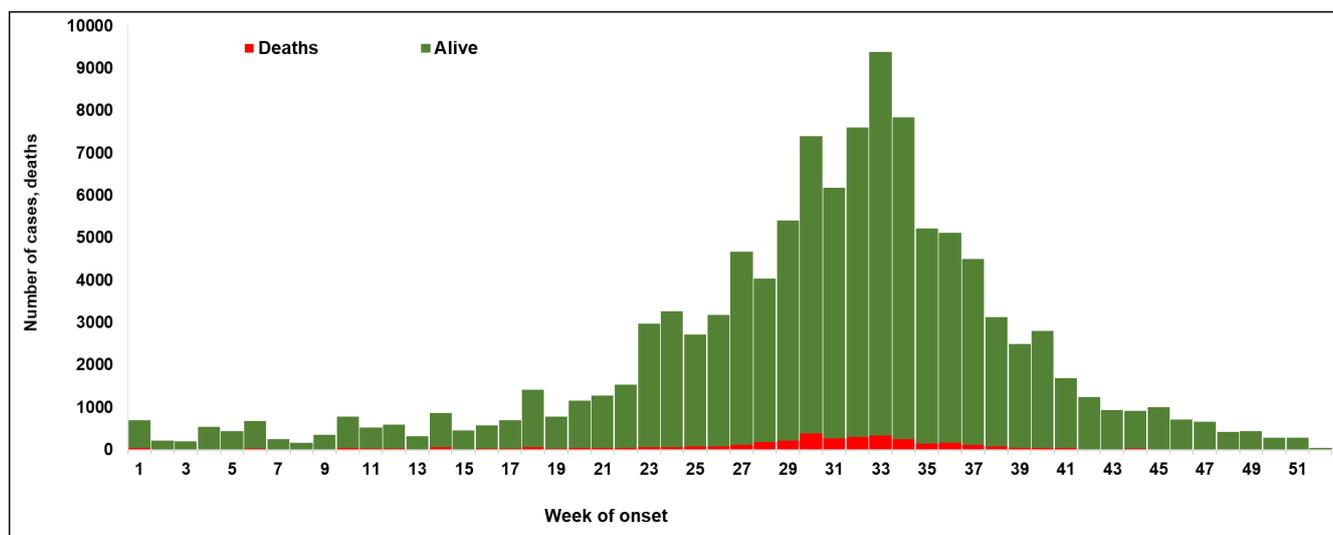


Figure 1: National Epidemic curve of weekly reported Cholera cases, week 1 to week 52, 2021

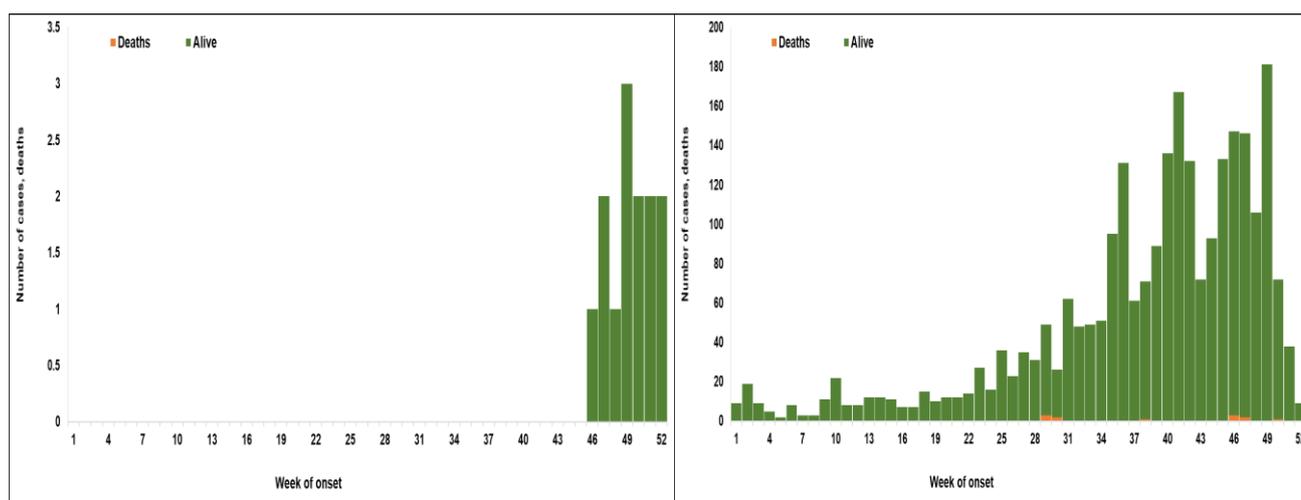


Fig 2: Akwa Ibom epidemic curve, week 1 to week 52, 2021

Fig 3: Lagos epidemic curve, week 1 to week 52, 2021

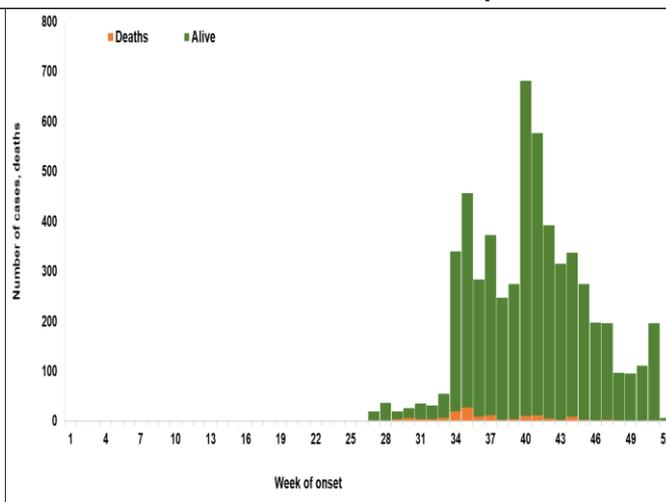
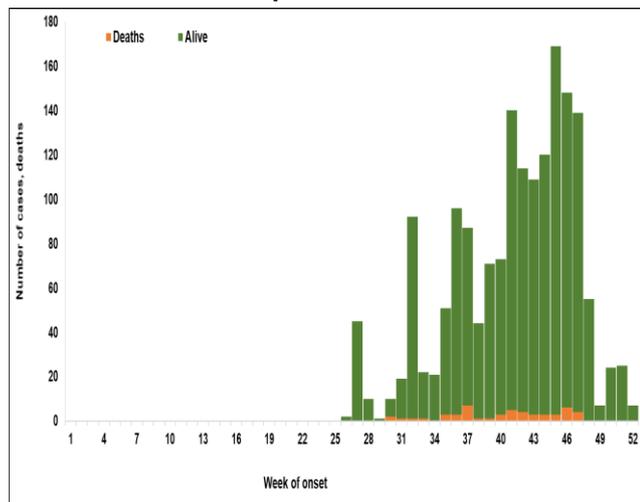


Fig 4: Adamawa epidemic curve, week 1 to week 52, 2021

Fig 5: Borno epidemic curve, week 1 to week 52, 2021

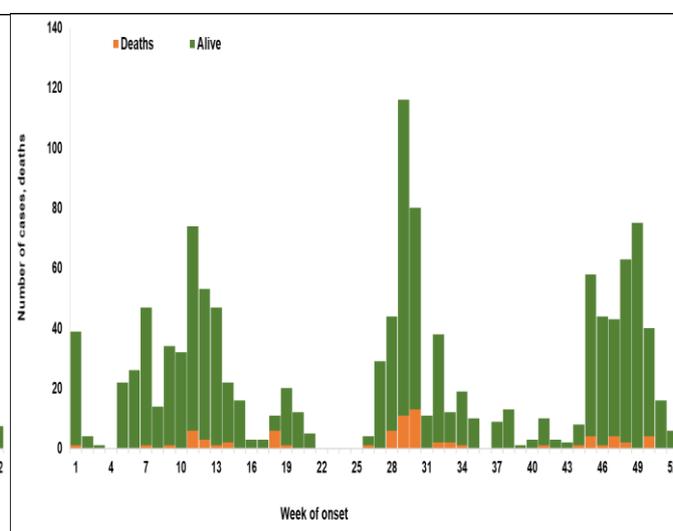
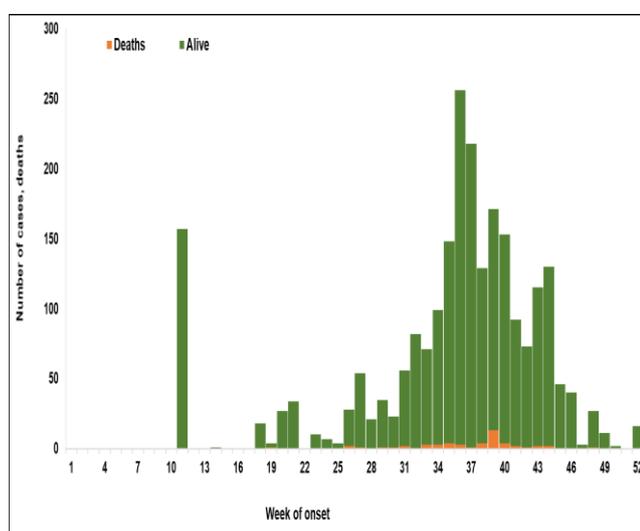


Fig 6: Lagos epidemic curve, week 1 to week 52, 2021

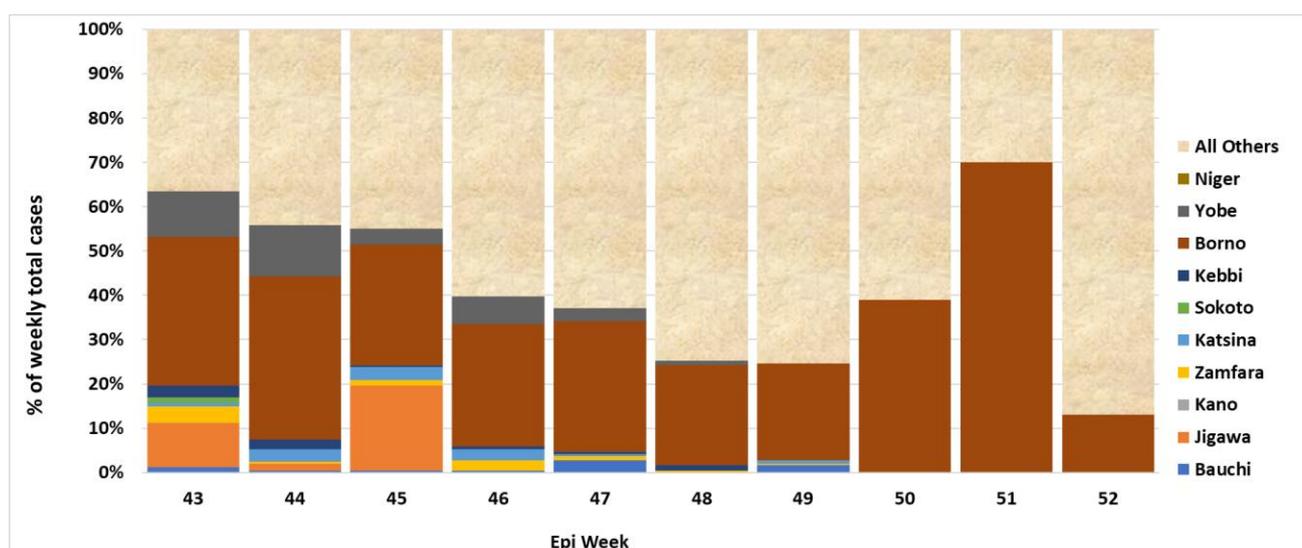
Fig 7: Nasarawa epidemic curve, week 1 to week 52, 2021

Table 3: Top 10 states in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Bauchi	19,558	18%	18%
2	Jigawa	15,141	14%	31%
3	Kano	12,116	11%	42%
4	Zamfara	11,931	11%	53%
5	Katsina	9,209	8%	61%
6	Sokoto	8,477	8%	69%
7	Kebbi	5,959	5%	74%
8	Borno	5,672	5%	79%
9	Yobe	4,002	4%	83%
10	Niger	2,821	3%	85%
<b>Total</b>		<b>94,886</b>	<b>85%</b>	

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

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Bauchi	Bauchi	9336	8%	8%
2	Zurmi	Zamfara	2889	3%	11%
3	Anka	Zamfara	2637	2%	13%
4	Shinkafi	Zamfara	2342	2%	15%
5	Funtua	Katsina	2046	2%	17%
6	Gusau	Zamfara	2012	2%	19%
7	Sumaila	Kano	1923	2%	21%
8	Toro	Bauchi	1921	2%	23%
9	Maiduguri	Borno	1658	1%	24%
10	Ganjuwa	Bauchi	1311	1%	25%
11	Tafawa Balewa	Bauchi	1107	1%	26%
12	Gwadabawa	Sokoto	969	1%	27%
13	Dange-Shuni	Sokoto	958	1%	28%
14	Damaturu	Yobe	896	1%	29%
15	Ningi	Bauchi	860	1%	30%
<b>Total</b>			<b>32,865</b>	<b>30%</b>	

**Figure 8: Percentage contribution of weekly cases by state in recent 10 weeks, week 43 - 52, 2021**

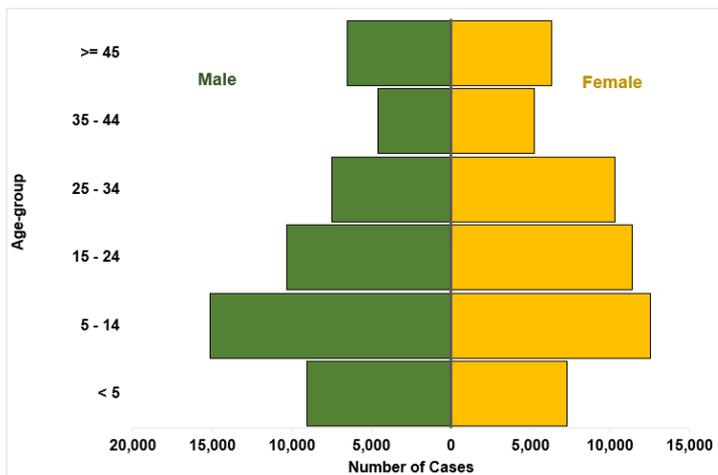


Figure 9. Age-Sex Pyramid for cumulative Cholera Cases, week 1-52 , 2021: N=110,484

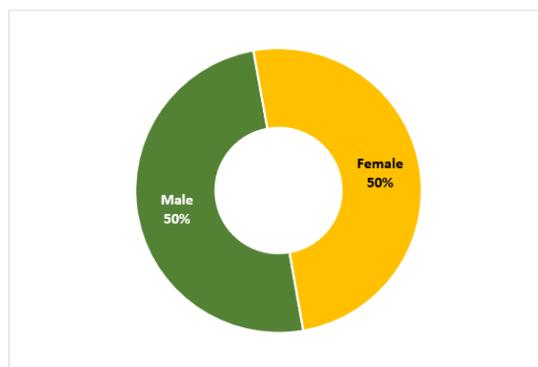


Figure 10. Sex disaggregation for cumulative Cholera cases, week 1-52 , 2021: N=110,484

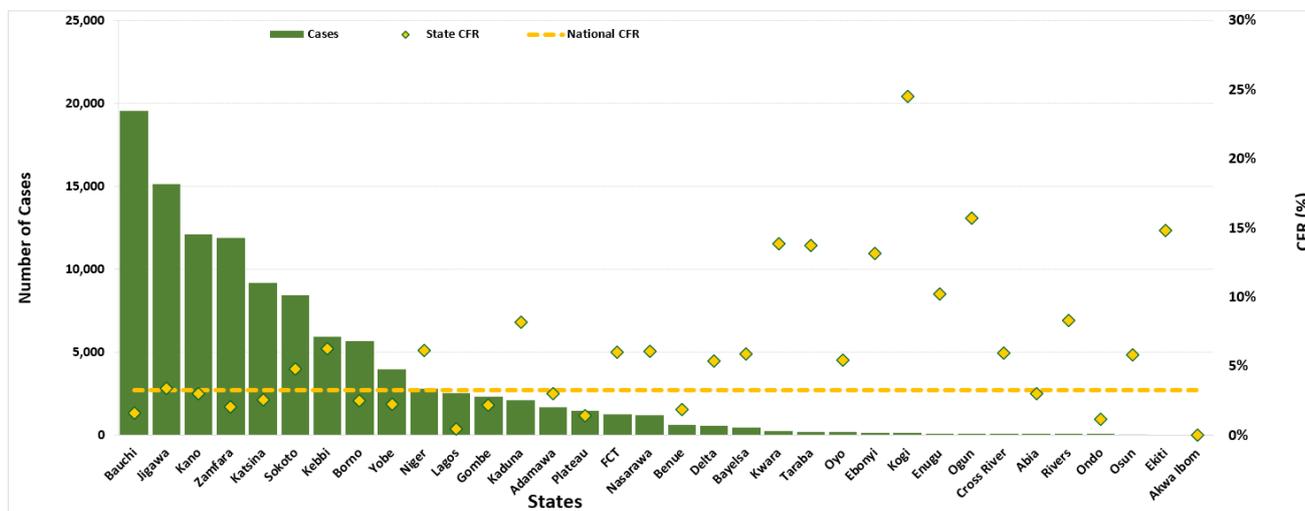


Figure 11: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1 - 52, 2021

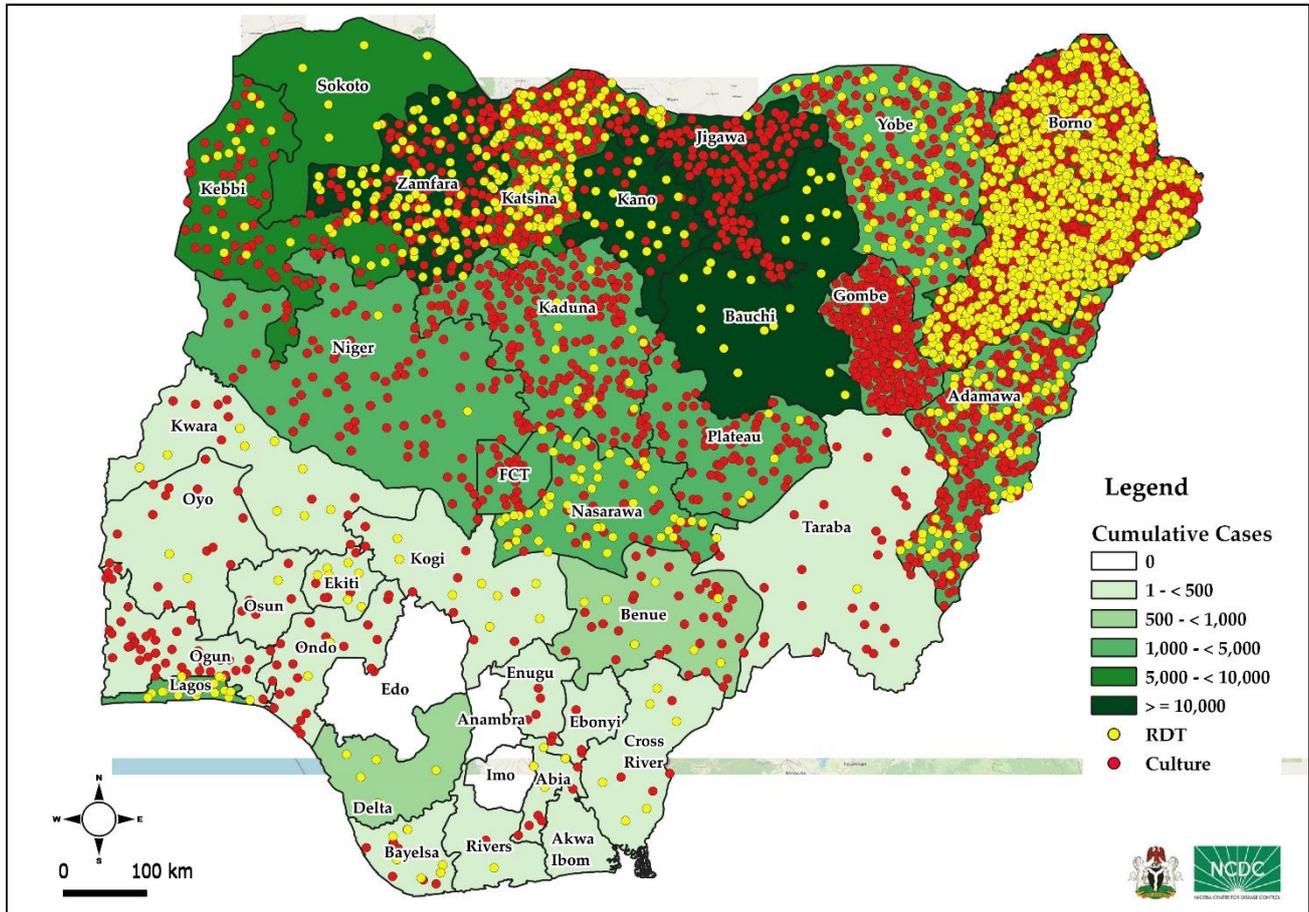


Figure 12. Map of Nigeria showing states with RDT + Culture confirmation and suspected cases, week 1 - 52, 2021

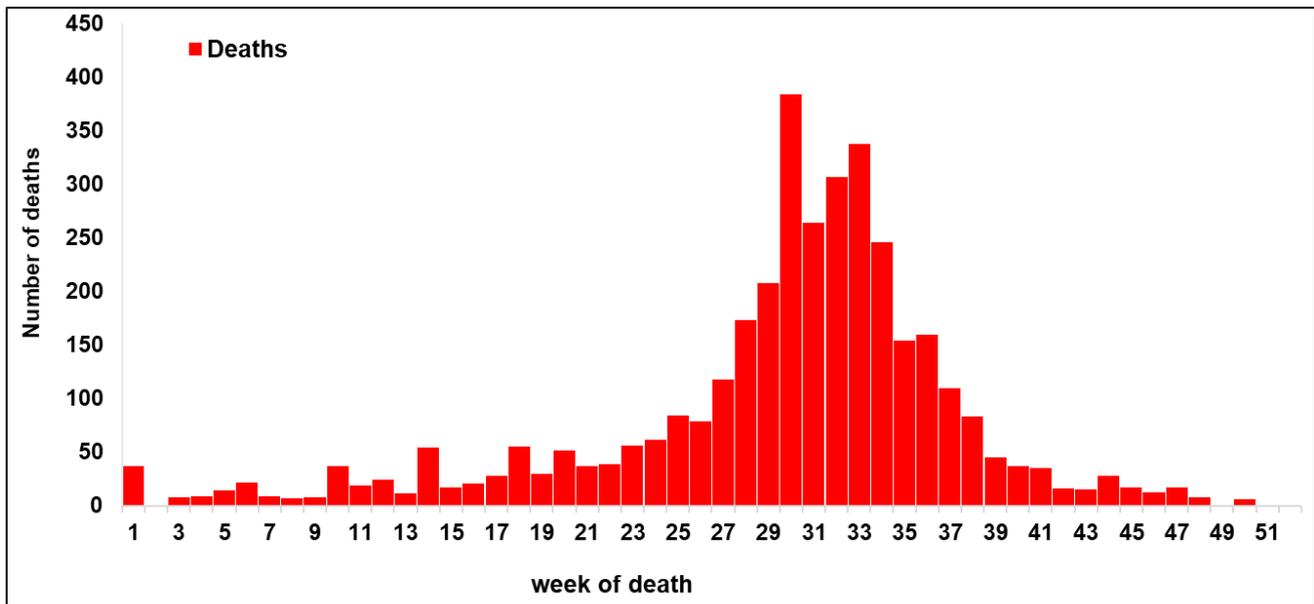


Figure 13: Trends in Deaths, week 1 - 52, 2021, Nigeria



**Table 6: Response activities**

Pillar	Activities to date	Next steps
<b>Coordination</b>	<ul style="list-style-type: none"> <li>• 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 (FMEvrt), and partners</li> <li>• 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, Borno, Ogun, Cross River and the FCT</li> <li>• Conducted zonal level trainings on cholera detection, reporting and case management</li> </ul>	<ul style="list-style-type: none"> <li>• The national multi-sectoral Cholera TWG continues to coordinate the national response</li> <li>• Continue sub-national level trainings on cholera detection, reporting and case management</li> <li>• Planned After Action Review (AAR)</li> </ul>
<b>Surveillance</b>	<ul style="list-style-type: none"> <li>• Ongoing surveillance in all states through the routine Integrated Disease Surveillance and Response (IDSR) and Event Based Surveillance (EBS)</li> <li>• Providing offsite/onsite support to states and follow up for daily reporting and progress with response activities</li> </ul>	<ul style="list-style-type: none"> <li>• Continue data collation and harmonisation</li> <li>• Continue zonal level trainings on data analysis</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> <li>• Conducted workshop on cholera case management guideline, treatment protocol and SOP harmonization</li> </ul>	<ul style="list-style-type: none"> <li>• Continue providing technical support on case management and IPC to states</li> <li>• Continue training of Health Care Workers (HCW) on management of cholera</li> <li>• Continuous follow up with states for updates and support</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, Oyo, Kebbi, Sokoto, Ebonyi, Abia, Taraba, Ondo and FCT at NCDC National Reference Laboratory (NRL), Abuja</li> <li>• Ongoing testing across state-level laboratories</li> </ul>	<ul style="list-style-type: none"> <li>• Planned sub-national level training of 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> </ul>	<ul style="list-style-type: none"> <li>• Continue distribution of hygiene kits to affected states</li> </ul>

	<ul style="list-style-type: none"> <li>Continuous construction of sanitation and hygiene facilities with boreholes in cholera hotspots</li> </ul>	
<b>Logistics</b>	<ul style="list-style-type: none"> <li>Essential response commodities are being distributed to all cholera affected states</li> </ul>	<ul style="list-style-type: none"> <li>Continue supporting affected states with essential response commodities</li> </ul>
<b>Vaccination (led by NPHCDA)</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 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</li> </ul>	<ul style="list-style-type: none"> <li>Continue monitoring epidemiological trend to guide ICG request for planned vaccination campaigns</li> <li>Planned OCV campaigns in: Zamfara State (LGAs: Shinkafi, Zurmi)</li> </ul>
<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 Information, Education and Communication (IEC) materials and awareness campaigns ongoing in affected communities</li> <li>Conducted Ministerial press briefings</li> </ul>	<ul style="list-style-type: none"> <li>Continue airing of cholera jingles and distribution of IEC materials</li> <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, Bauchi, Adamawa and Borno	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 personnel in states for case management
- Poor and inconsistent reporting from states

### Next Steps

- 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 After Action Review (AAR)
- Planned review of the National Strategic Plan of Action on Cholera Control (NSPACC)
- 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 02<sup>nd</sup> January 2022**