



Nigeria Centre for Disease Control

Protecting the health of Nigerians

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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 27th 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**

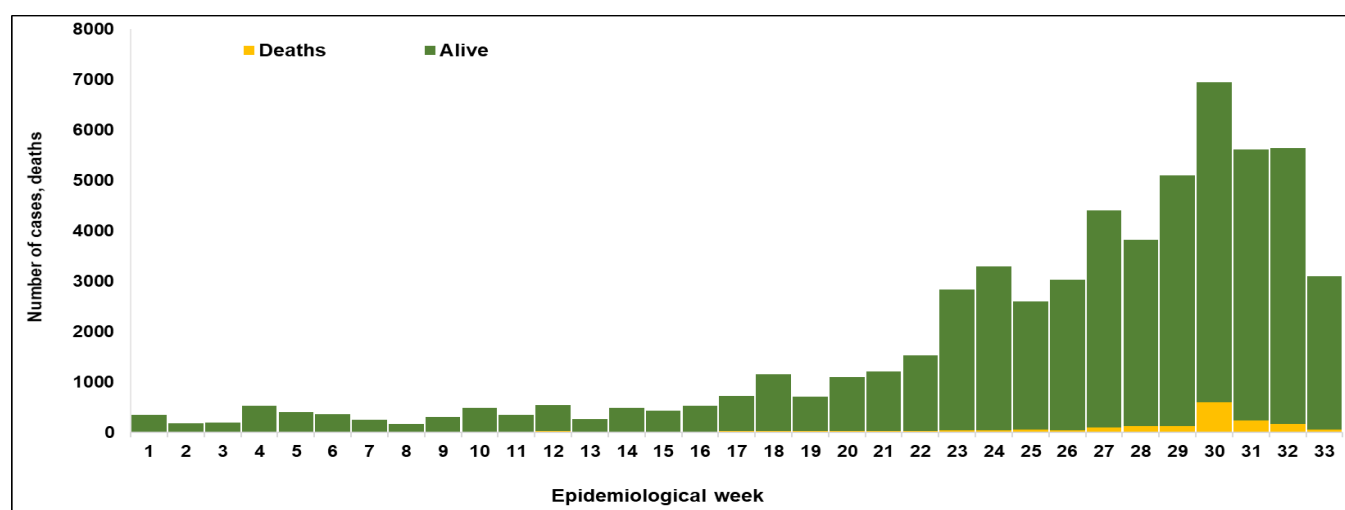


Figure 1. Epidemic curve of weekly reported Cholera cases, week 1 to week 33, 2021

- 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%
Total		53,681	91%	

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	Illlela	Sokoto	721	1%	40%
15	Gwadabawa	sokoto	614	1%	41%
Total			25,253	41%	

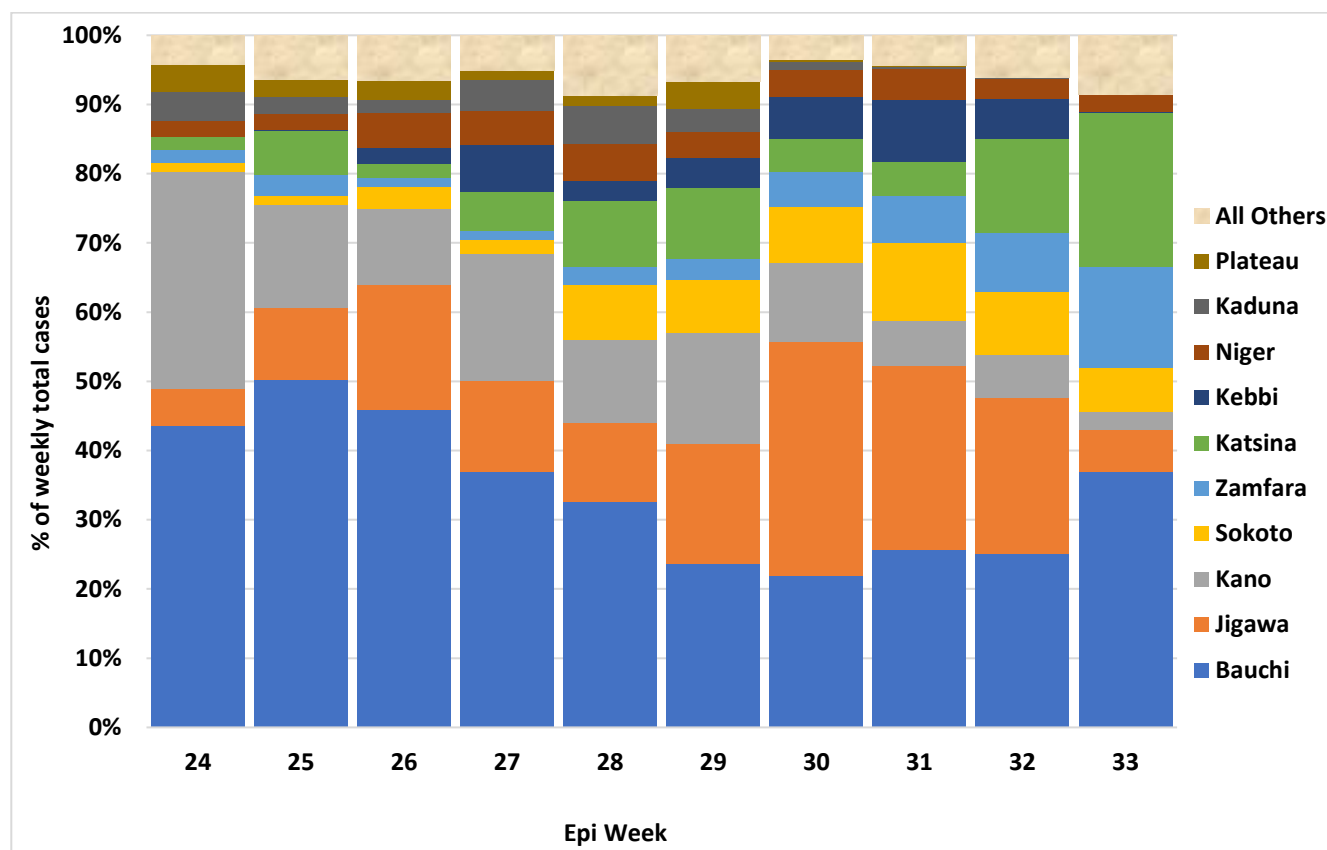


Figure 2. Percentage contribution of weekly cases by state in recent 10 weeks, week 24- 33, 2021

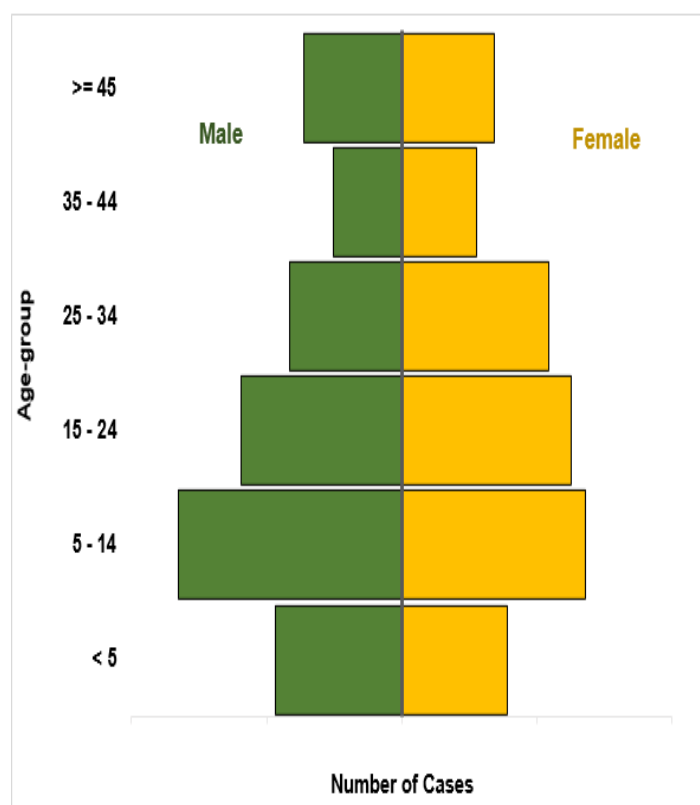


Figure 4. Age-Sex Pyramid for cumulative Cholera Cases, week 1-33, 2021: N=58,618

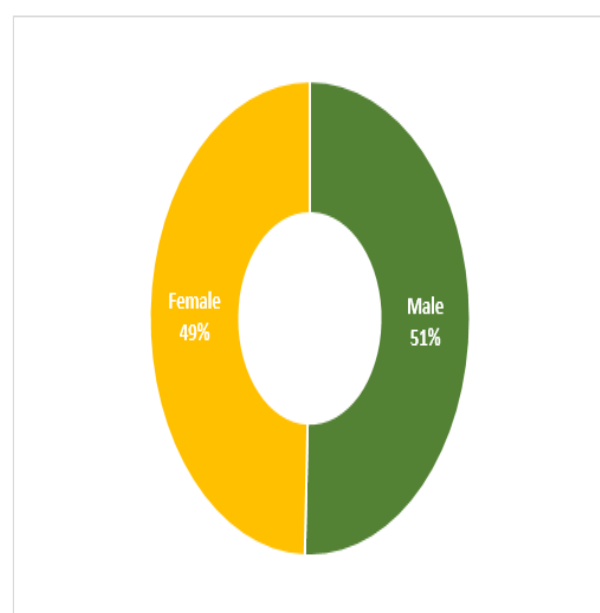


Figure 5. Sex disaggregation for cumulative Cholera cases, week 1-33, 2021: N=58,618

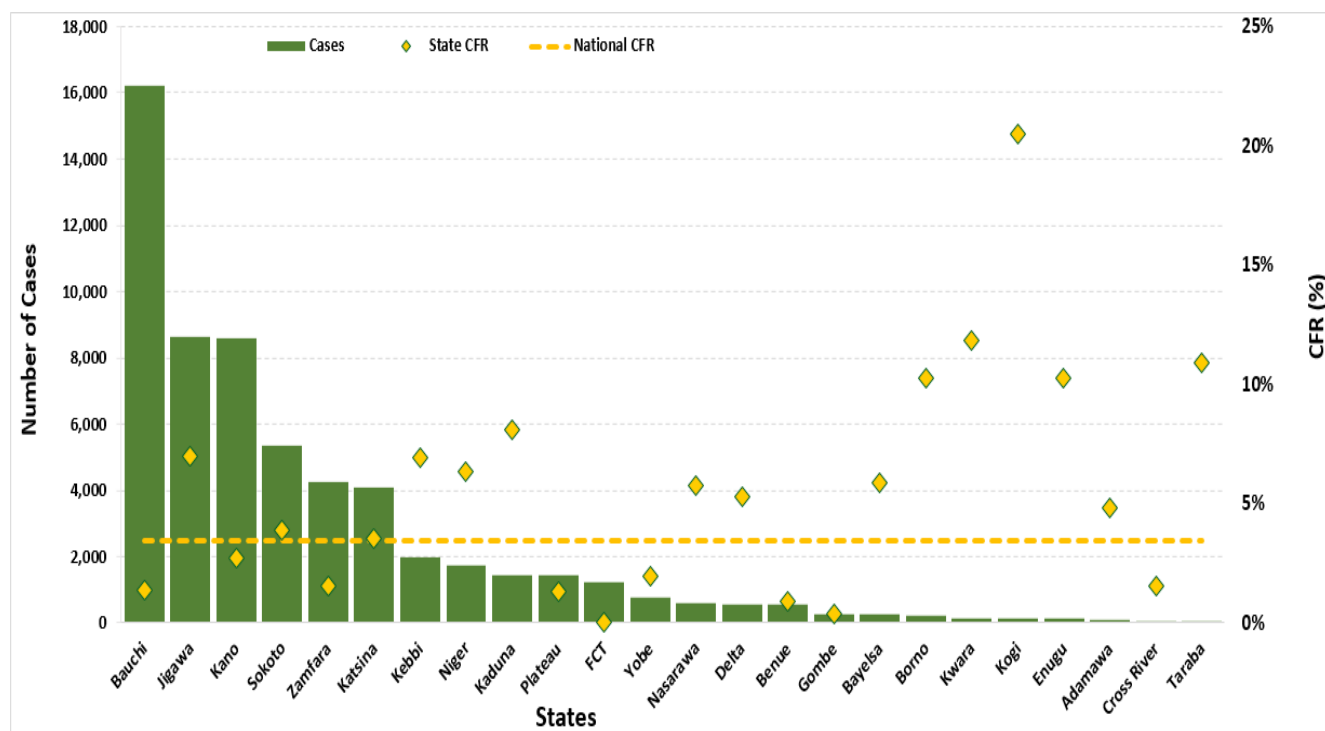


Figure 4: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1-33, 2021

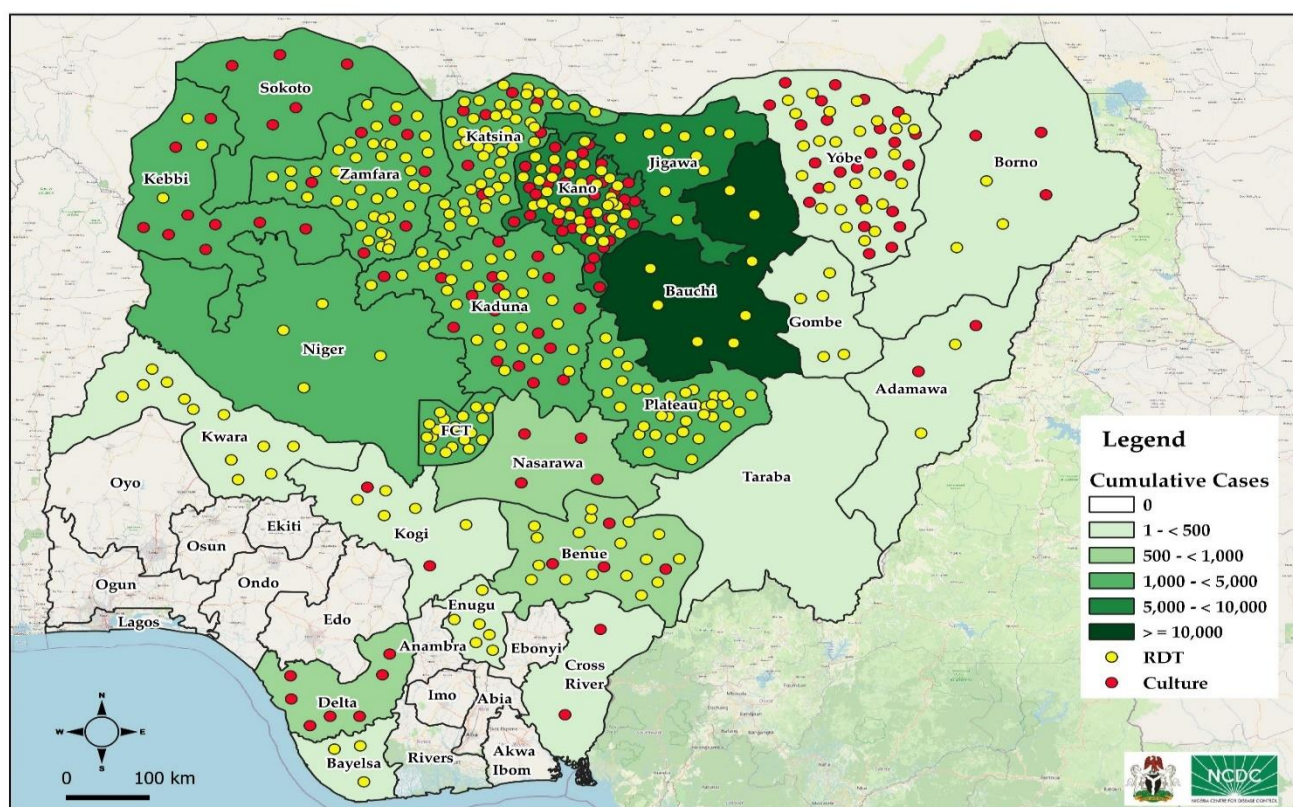


Figure 5. Map of Nigeria showing states with RDT + Culture confirmation and the burden of suspected cases, week 1- 33, 2021

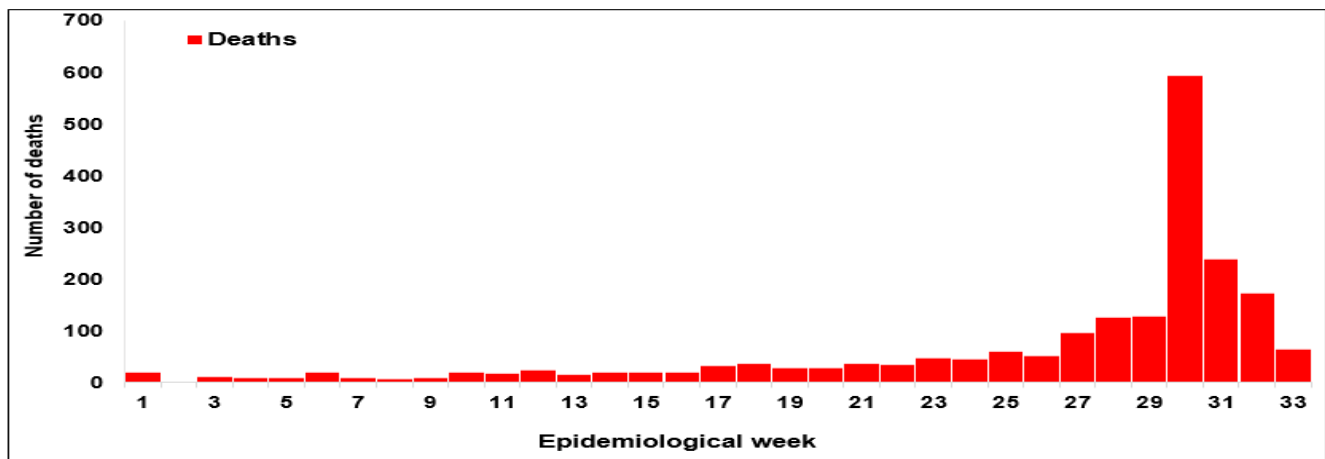


Figure 6: Trends in Deaths, week 1-33, 2021, Nigeria

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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 (FMEEnvrt), and partners National Rapid Response Teams (RRTs) with response commodities deployed by NCDC to support the response in ten states - Benue, Kano, Kaduna, Zamfara, Bauchi, Plateau, Jigawa, Katsina, Niger and the FCT 	<ul style="list-style-type: none"> The national multi-sectoral EOC activated at level 02 continues to coordinate the national response Planned zonal level training on cholera surveillance, case management and work-plan development
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) Provide offsite/onsite support to states and follow up for daily reporting and progress with response activities 	<ul style="list-style-type: none"> Data collation and harmonisation Evaluation of the cholera data collated from the recently concluded Integrated Supportive Supervision (ISS) in the 18 Northern States
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 Planned training of Health Care Workers (HCW) on management of cholera Continuous follow up with the states for updates
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 and FCT at NCDC National Reference Laboratory (NRL), Abuja 	<ul style="list-style-type: none"> Planned training of State 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 National Youth Volunteer Programme on Clean Nigeria Campaign launched by the 	Planned distribution of additional 100 hygiene kits to affected states

	Federal Ministry of Water Resources (FMWR) <ul style="list-style-type: none"> Continuous construction of sanitation and hygiene facilities with boreholes in cholera hotspots 	
Logistics	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	<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 Agatu LGA, Benue State and Bauchi LGA, Bauchi State 	Continue monitoring 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 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 ≥ 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 AUGUST 2021