



# Cholera Situation Report

## WEEKLY EPIDEMIOLOGICAL REPORT 11

Epi Week 34: 23 – 29 August 2021

### Key Points

Table 1: Summary of current week (Epi week 34, 2021)

Suspected Cases	Deaths (Suspected)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
2,127	48	2.3%	17	83

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

Suspected Cases	Deaths (Suspected)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
65,145	2,141	3.3%	24	312

### 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, 16 states plus FCT reported **2,127** suspected cases - Bauchi (855), Katsina (396), Kano (306), Yobe (162), Zamfara (80), Niger (78), Borno (67), Sokoto (45), Kaduna (41), Gombe (21), FCT (18), Kebbi (17), Adamawa (15), Taraba (13), Nasarawa (10), Plateau (2) and Jigawa (1)
- Of the suspected cases, there were 32 RDT confirmed cases from Adamawa (11), Katsina (8), Kaduna (7), Borno (4), Taraba (1) and Yobe (1). There were 32 culture confirmed cases from Yobe (12), Adamawa (11), Katsina (8) and Borno (1)
- Of the cases reported, there were 48 deaths from Bauchi (10), Kano (7), Katsina (6), Taraba (5), Zamfara (4), Sokoto (4), Borno (4), Niger (3), Nasarawa (2), Kebbi (1), Yobe (1) and Kaduna (1) states with a case fatality ratio (CFR) of 2.3%
- No new state reported cases in epi week 34
- The national multi-sectoral EOC activated at level 02 continues to coordinate the national response

### Epi-Summary

- As at **2<sup>nd</sup> September 2021**, a total of **65,145** suspected cases including **2,141** deaths (CFR **3.3%**) have been reported from 23 states and FCT in 2021
- There was a **62% decrease** in the number of new suspected cases in week 33 (2,127) compared with week 32 (3,098)
- Bauchi (855), Katsina (396) and Kano (306)** account for **73.2%** of **2,127** suspected cases reported in week 34
- 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**

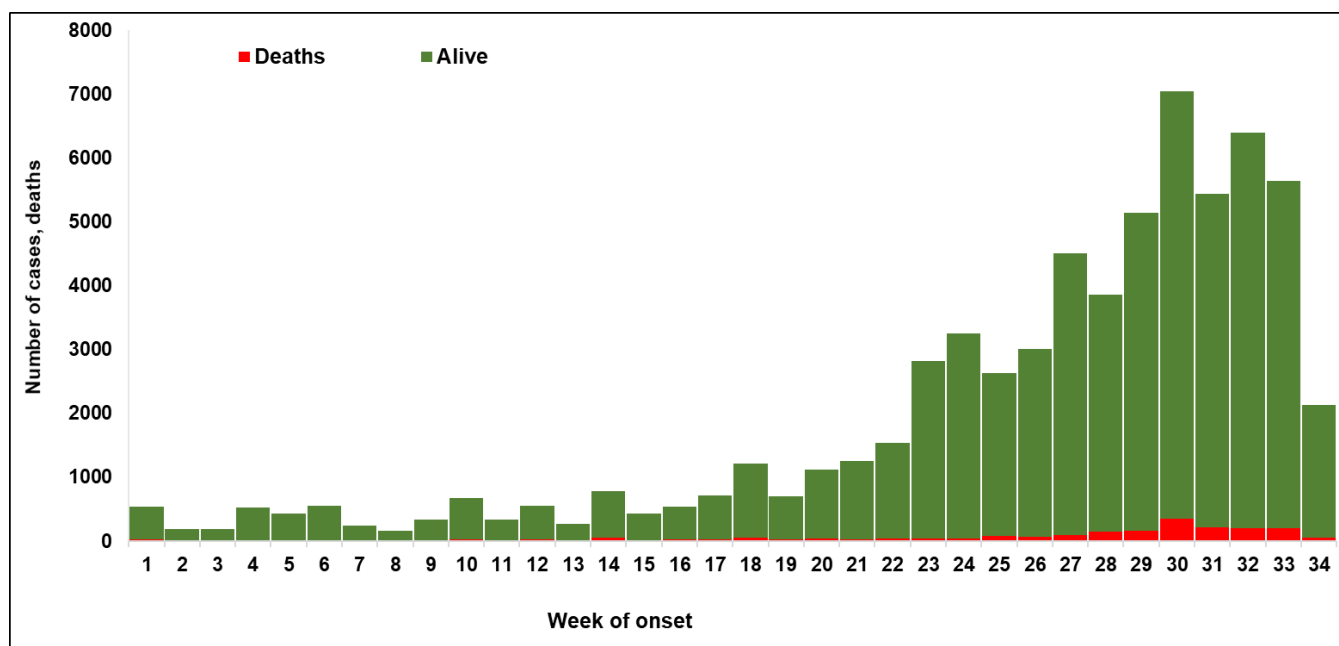
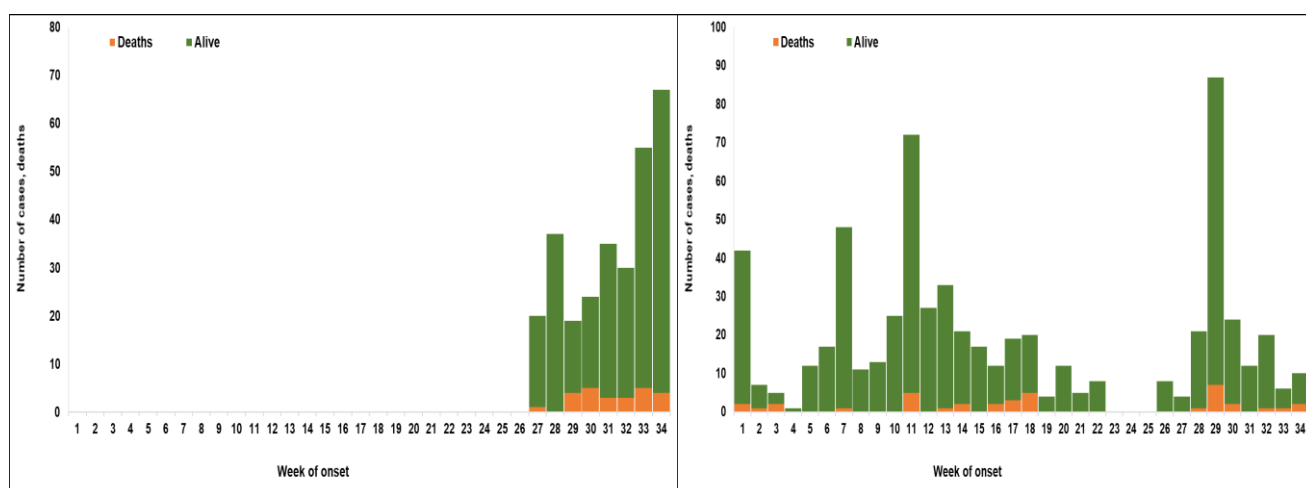
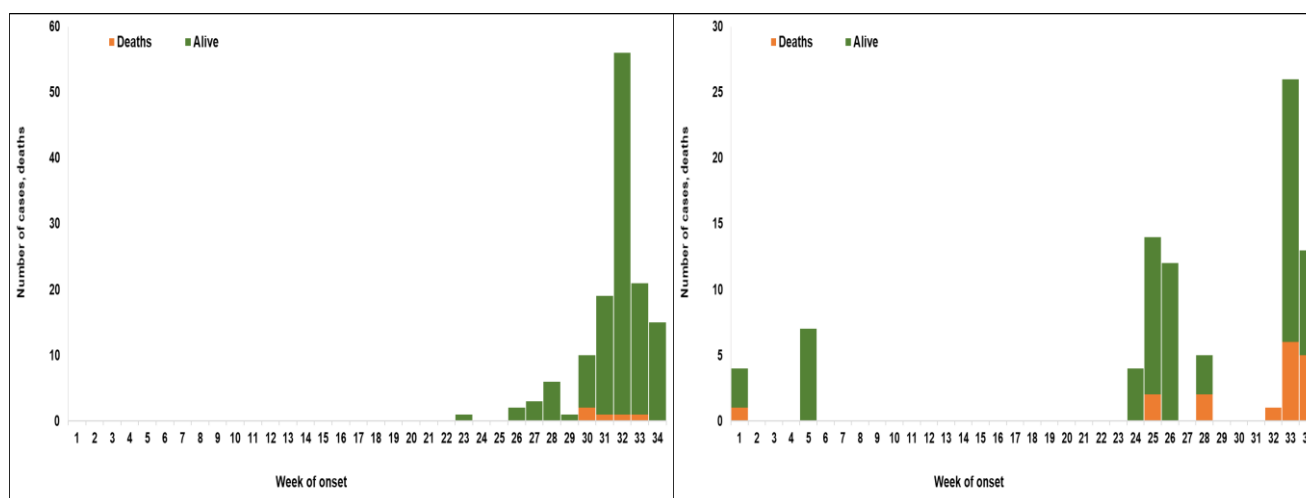


Figure 1. Epidemic curve of weekly reported Cholera cases, week 1 to week 34, 2021



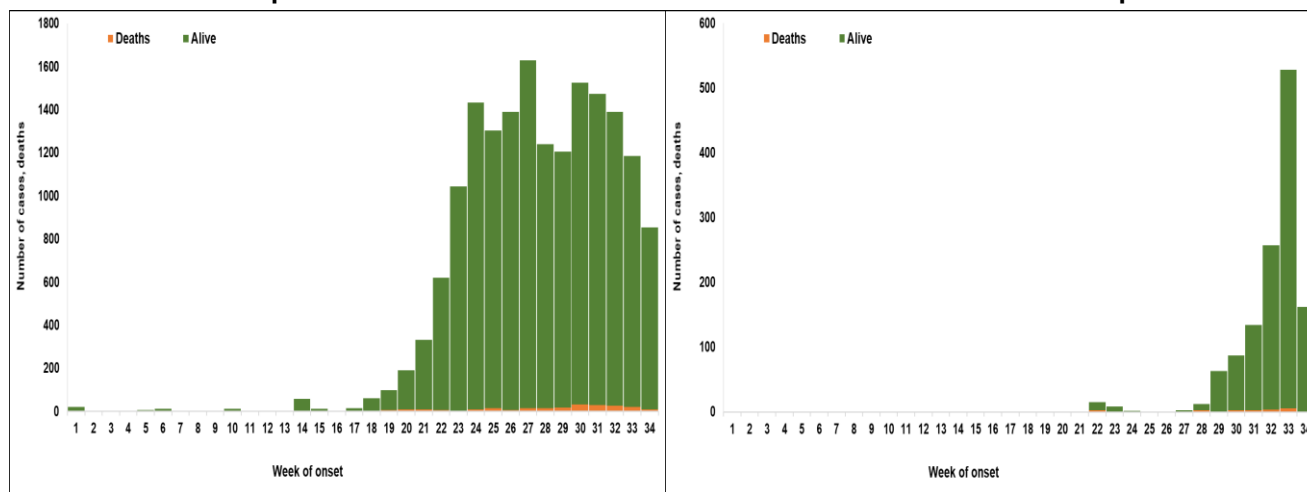
**Borno state**

**Nasarawa state**



**Adamawa state**

**Taraba state**



**Figure 2. State epidemic curve of weekly reported cholera cases, week 1 to week 34, 2021**

**Table 3: Top 10 states in cumulative cases**

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Bauchi	17,120	16%	26%
2	Kano	10,195	15%	31%
3	Jigawa	8,929	14%	45%
4	Sokoto	5,755	9%	54%
5	Katsina	4,816	7%	61%
6	Zamfara	4,518	7%	68%
7	Kebbi	2,576	4%	72%
8	Niger	2,056	3%	75%
9	Kaduna	1,895	3%	78%
10	Plateau	1,309	2%	80%
<b>Total</b>		<b>59,169</b>	<b>80%</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	8692	13%	13%
2	Hadeija	Jigawa	2132	3%	16%
3	Dutse	Jigawa	2123	3%	19%
4	Gusau	Zamfara	2000	3%	22%
5	Sumaila	Kano	1502	2%	24%
6	Toro	Bauchi	1498	2%	26%
7	Ganjuwa	Bauchi	1245	2%	28%
8	Funtua	Katsina	1192	2%	30%
9	Zurmi	Zamfara	1079	2%	32%
10	Birnin Kudu	Jigawa	970	1%	33%
11	Tafawa Balewa	Bauchi	921	1%	34%
12	Bichi	Kano	822	1%	35%
13	Ningi	Bauchi	772	1%	36%
14	Gwadabawa	Sokoto	760	1%	37%
15	Illela	Sokoto	721	1%	38%
<b>Total</b>			<b>26,429</b>	<b>38%</b>	

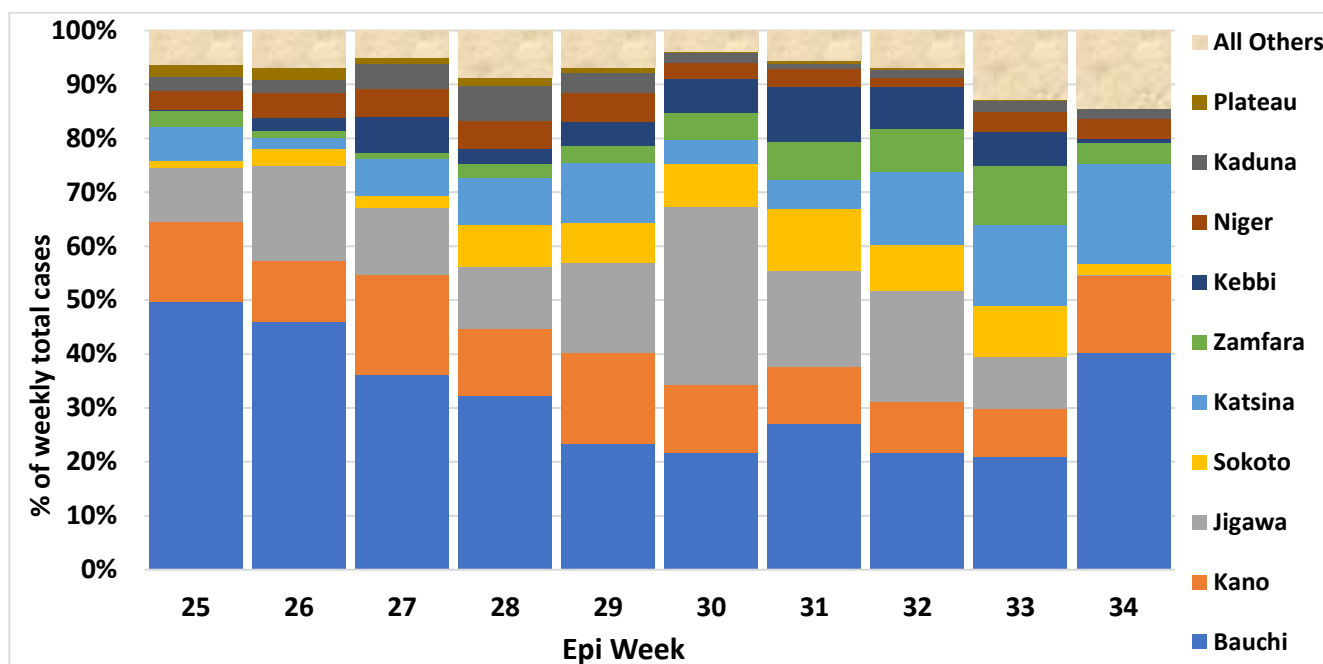


Figure 3. Percentage contribution of weekly cases by state in recent 10 weeks, week 24- 34, 2021

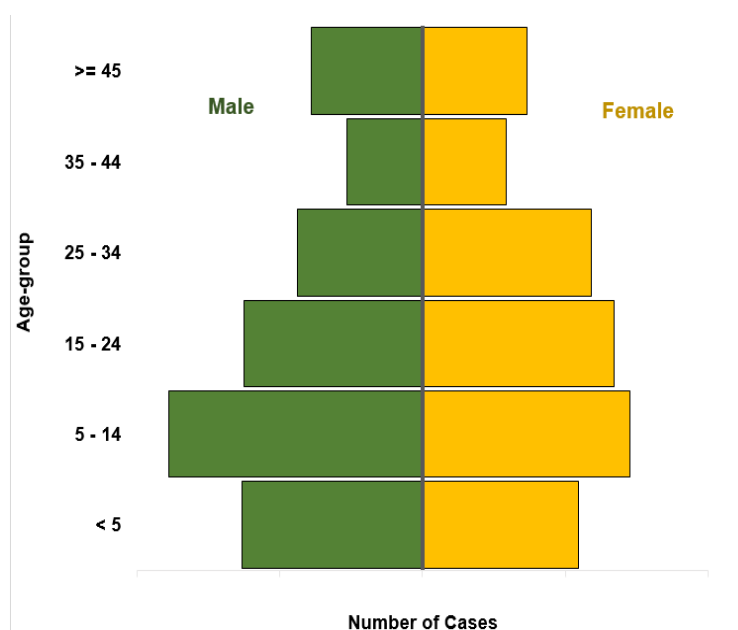


Figure 3. Age-Sex Pyramid for cumulative Cholera Cases, week 1-34 , 2021: N=65,134

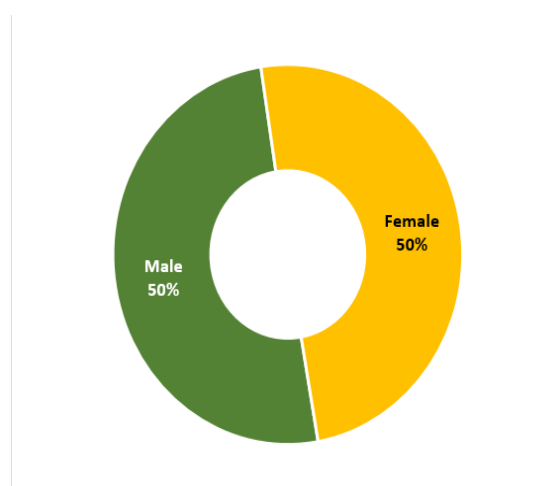


Figure 4. Sex disaggregation for cumulative Cholera cases, week 1-34 , 2021: N=65,134

## Cholera Situation Report

Epi Week: 34 2021

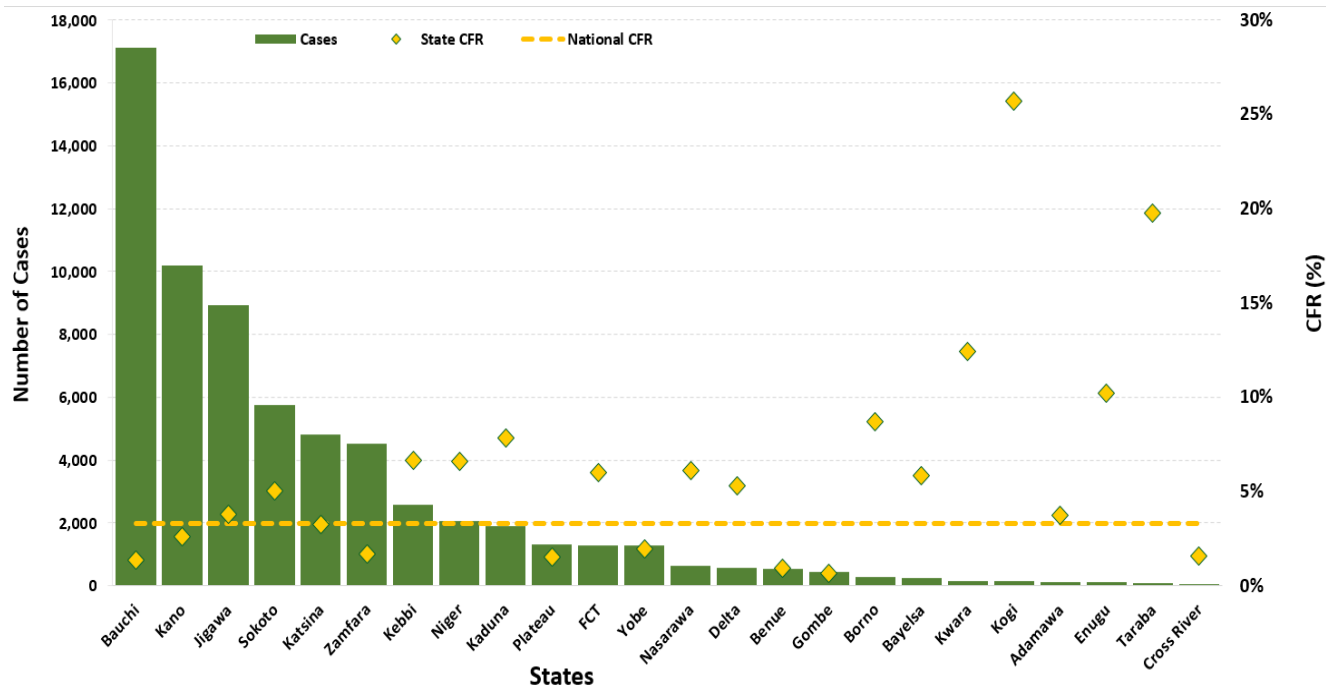


Figure 5: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1-34, 2021

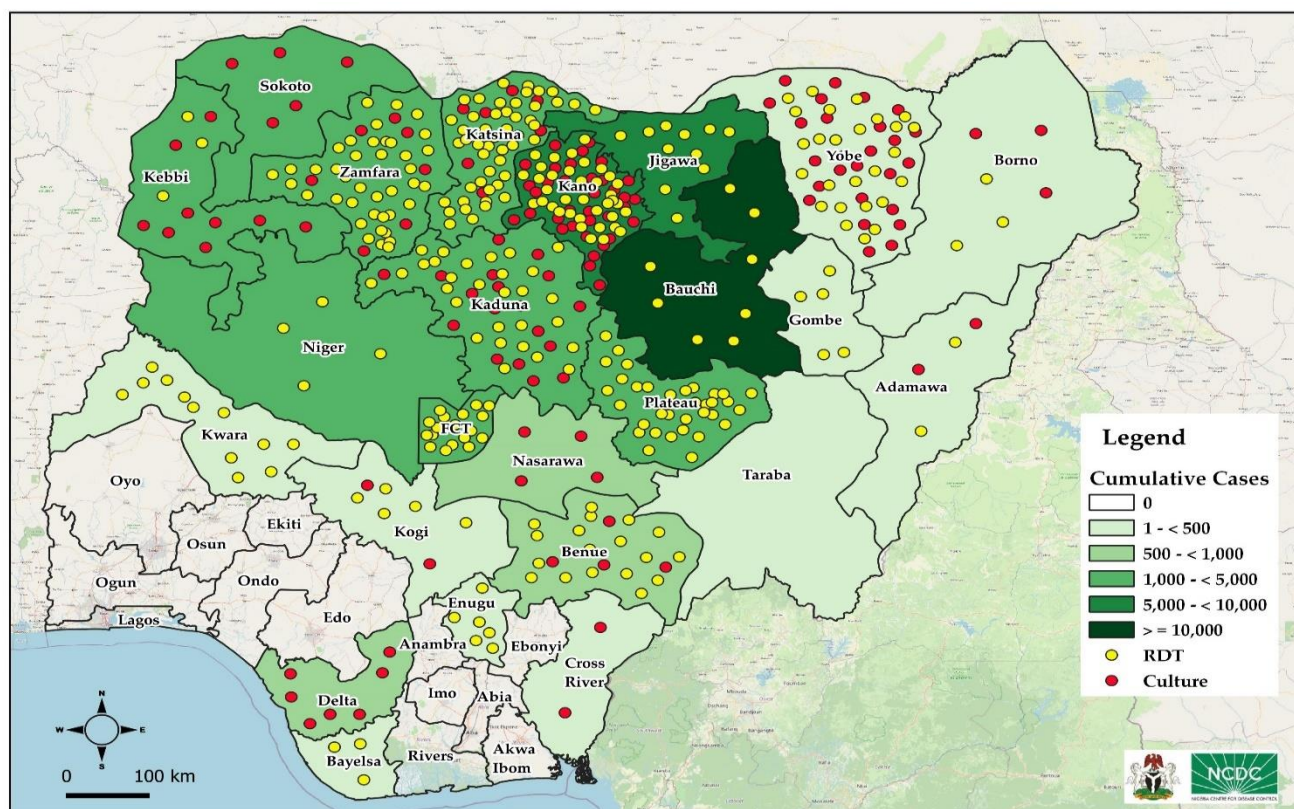


Figure 6. Map of Nigeria showing states with RDT + Culture confirmation and the burden of suspected cases, week 1- 34, 2021



	States  Reporting cases in 2021	State outbreak status*	Current week: (Week 34 )							Cumulative (Week 1 - 34 )				
Cases			Deaths		Tests			Cases	Deaths	CFR	Tests			
Cases			% change	Deaths	% change	RDT (%Pos)	Culture (%pos)				RDT (%Pos)	Culture (%pos)		
1 Bauchi	Active	855	▼ 28%	10	▼ 47%				17,120	230	1.3%	8 (100%)		
2 Kano	Active	306	▼ 38%	7	▼ 50%				10,195	265	2.6%	4 (100%)	4 (100%)	
3 Jigawa	Active	1	▼ 100%		▼ 100%				8,929	337	3.8%	37 (54%)		
4 Sokoto	Active	45	▼ 91%	4	▼ 83%				5,755	291	5.1%		5 (80%)	
5 Katsina	Active	396	▼ 53%	6	▼ 75%	8 (0%)	8 (0%)		4,816	157	3.3%	191 (26%)	111 (6%)	
6 Zamfara	Active	80	▼ 87%	4	▼ 69%				4,518	76	1.7%	83 (61%)	20 (35%)	
7 Kebbi	Active	17	▼ 95%	1	▼ 95%				2,576	172	6.7%	59 (73%)	11 (73%)	
8 Niger	Active	78	▼ 61%	3	▼ 83%				2,054	135	6.6%	56 (23%)		
9 Kaduna	Active	41	▼ 67%	1	▼ 95%	7 (43%)			1,895	149	7.9%	160 (58%)	15 (87%)	
10 Plateau	Active	2	▼ 82%						1,309	20	1.5%	75 (44%)	6 (0%)	
11 FCT	Active	18	▼ 22%		▼ 100%				1,286	77	6.0%	34 (62%)	1 (0%)	
12 Yobe	Active	162	▼ 69%	1	▼ 83%	1 (100%)	12 (100%)		1,273	25	2.0%	72 (85%)	87 (87%)	
13 Nasarawa	Active	10	▲ 67%	2	▲ 100%				623	38	6.1%	16 (100%)		
14 Delta									567	30	5.3%		5 (40%)	
15 Benue									539	5	0.9%	17 (100%)	4 (100%)	
16 Gombe	Active	21	▼ 59%						443	3	0.7%	8 (63%)		
17 Borno	Active	67	▲ 22%	4	▼ 20%	4 (100%)	1 (0%)		287	25	8.7%	16 (88%)	10 (60%)	
18 Bayelsa									256	15	5.9%	4 (75%)	8 (0%)	
19 Kwara	Active								153	19	12.4%	124 (10%)		
20 Kogi	Active		▼ 100%		▼ 100%				140	36	25.7%	13 (54%)	8 (50%)	
21 Adamawa	Active	15	▼ 29%		▼ 100%	11 (91%)	11 (91%)		134	5	3.7%	52 (75%)	52 (73%)	
22 Enugu									127	13	10.2%	7 (100%)		
23 Taraba	Active	13	▼ 50%	5	▼ 17%	1 (100%)			86	17	19.8%	12 (67%)		
24 Cross River									64	1	1.6%		3 (67%)	
	National	19	2,127	▼ 62%	48	▼ 77%	32 (59%)	32 (69%)	65,145	2,141	3.3% 1048 (50%)	350 (50%)		

**6 | Page** Disclaimer – The information contained in this document is confidential, privileged and only for the intended recipient and may not be used, published or redistributed to the public. A redacted version is available on <http://ncdc.gov.ng/diseases/sitreps>



**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 EOC 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 ten states - Benue, Kano, Kaduna, Zamfara, Bauchi, Plateau, Jigawa, Katsina, Niger and the FCT</li> </ul>	<ul style="list-style-type: none"> <li>The national multi-sectoral EOC activated at level 02 continues to coordinate the national response</li> <li>Planned zonal level training on cholera surveillance, case management and work-plan development</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>Provide 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>Data collation and harmonisation</li> <li>Evaluation of 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> <li>Ongoing testing across state-level laboratories</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</li> </ul>	Planned distribution of additional 100 hygiene kits to affected states

	Federal Ministry of Water Resources (FMWR) <ul style="list-style-type: none"> <li>Continuous construction of sanitation and hygiene facilities with boreholes in cholera hotspots</li> </ul>	
<b>Logistics</b>	Essential response commodities are being distributed to all cholera affected states	<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>	<ul style="list-style-type: none"> <li>Continue monitoring epidemiological trend to guide ICG request for planned vaccination campaigns</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, 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 2<sup>nd</sup> SEPTEMBER 2021**