



Nigeria Centre for Disease Control

Protecting the health of Nigerians

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Cholera Situation Report

WEEKLY EPIDEMIOLOGICAL REPORT 12

Epi Week 35: 30 August – 05 September 2021

Key Points

Table 1: Summary of current week (Epi week 35 ,2021)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
1,677	46	2.7%	12	65

Table 2: Cumulative summary from Epi week 1-35,2020

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
69,925	2,323	3.3%	26	323

Week 35 Highlights

- Twenty-five states and FCT have reported suspected cholera cases in 2021. These are Adamawa, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ekiti, Enugu, FCT, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Nasarawa, Niger, Osun, Plateau, Sokoto, Taraba, Yobe, and Zamfara
- In the reporting week, 12 states reported **1,677** suspected cases - Bauchi (566), Katsina (282), Sokoto (258), Yobe (183), Borno (179), Niger (94), Kaduna (66), Adamawa (34), Gombe (8), Kano (4), Kebbi (2), and Nasarawa (1)
- There was a **58% decrease in the number of new suspected cases** in week 35 (1,667) compared with week 34 (3,992)
- Bauchi (566), Katsina (282) and Sokoto (258) account for 66.3% of 1,667 suspected cases reported in week 35
- During the reporting week, 195 Cholera Rapid Diagnostic Tests were conducted. RDT tests conducted were from Borno (179, results pending), Kaduna (8, 4 positive) and Adamawa (8, 6 positive). A total of 12 Culture tests were conducted in Adamawa (8, 4 positive) and Kaduna (4, 4 positive)
- Of the cases reported, there were 46 deaths from Borno (13), Sokoto (12), Katsina (8), Bauchi (6), Niger (3), Kaduna (2), Adamawa (1) and Kano (1) states with a weekly case fatality ratio (CFR) of 2.7%
- Two new states (Osun and Ekiti) reported cases though with dates of onset in weeks prior to week 35
- The national multi-sectoral EOC activated at level 02 continues to coordinate the national response

Cumulative Epi-Summary

- As at 5th September 2021, a total of 69,925 suspected cases including 2,323 deaths (CFR 3.3%) have been reported from 25 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 both male and female
- Of all suspected cases, **50% are males and 50% are females**
- Three states of Bauchi (18,132 cases), Kano (10,187 cases) and Jigawa (8,911 cases) account for 53% of all cumulative cases
- 9 LGAs across 4 states (Bauchi 3, Jigawa 2, Zamfara 2, Kano 1 and Katsina 1) have reported more than 1,000 cases each

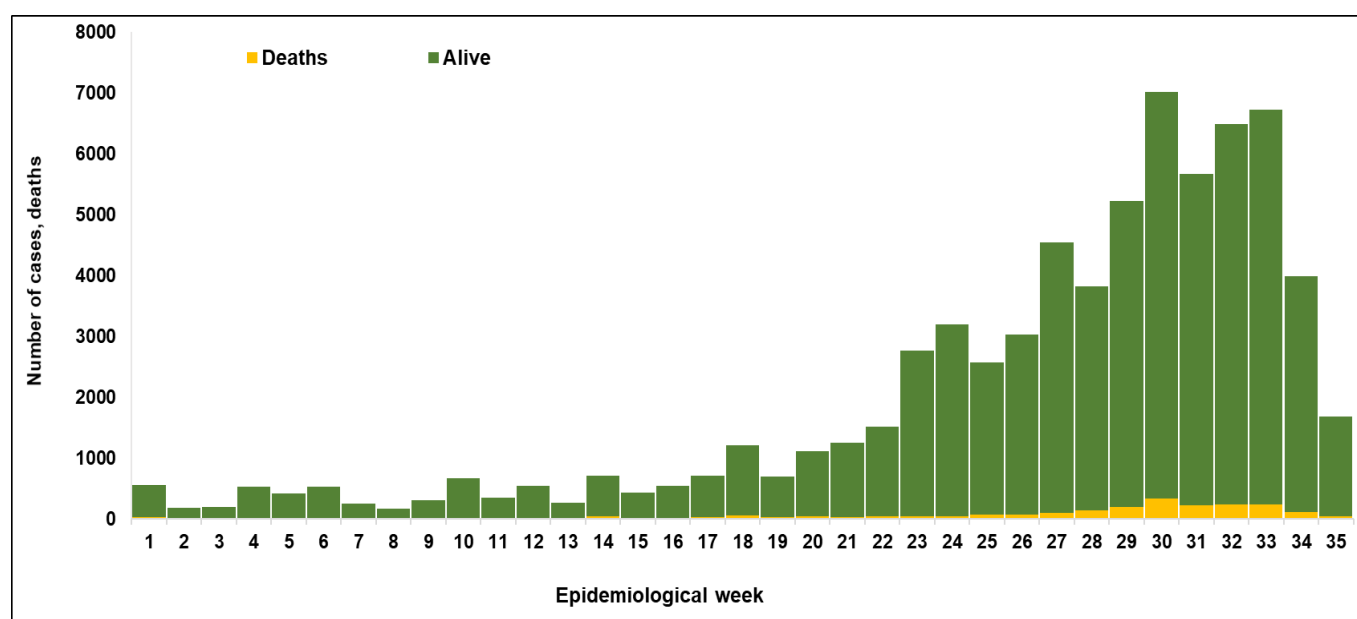
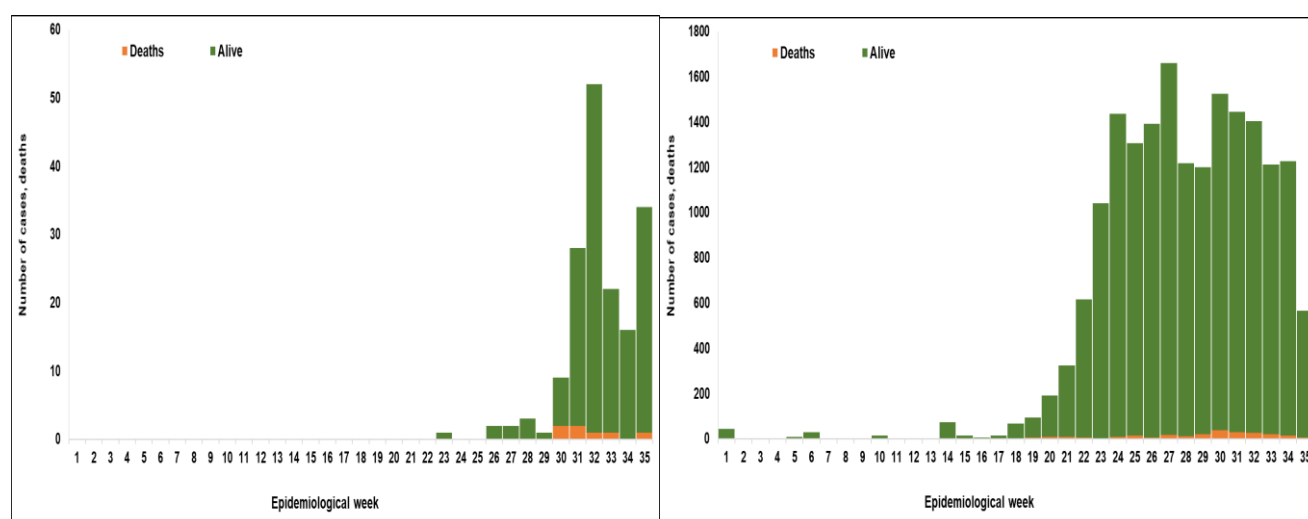


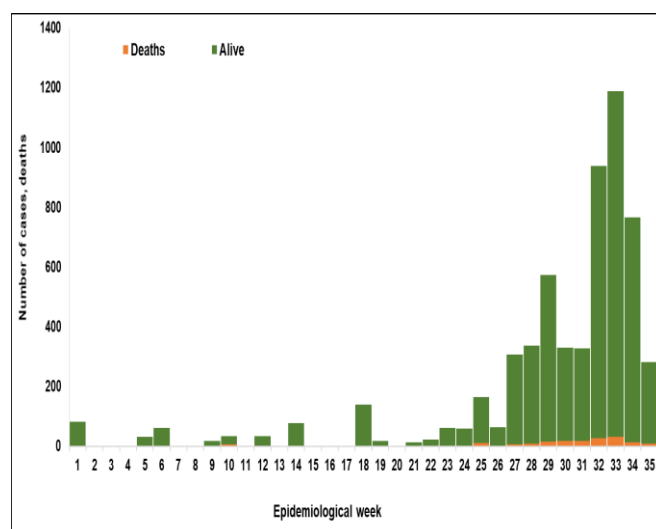
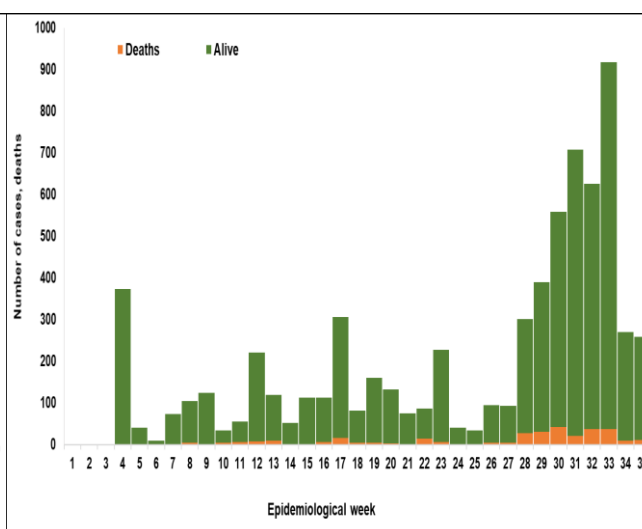
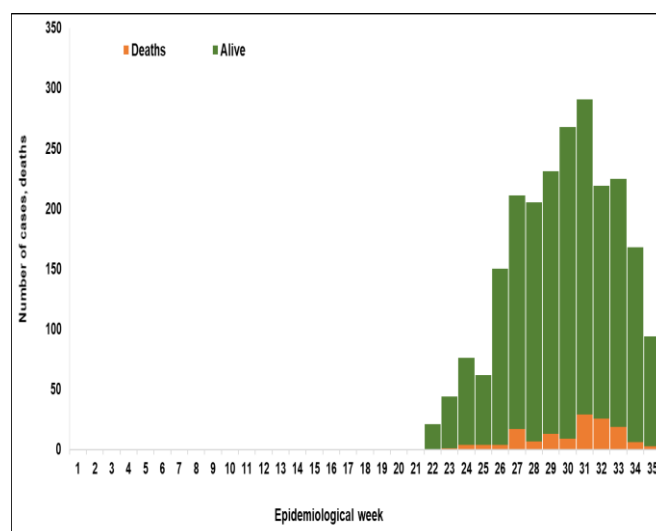
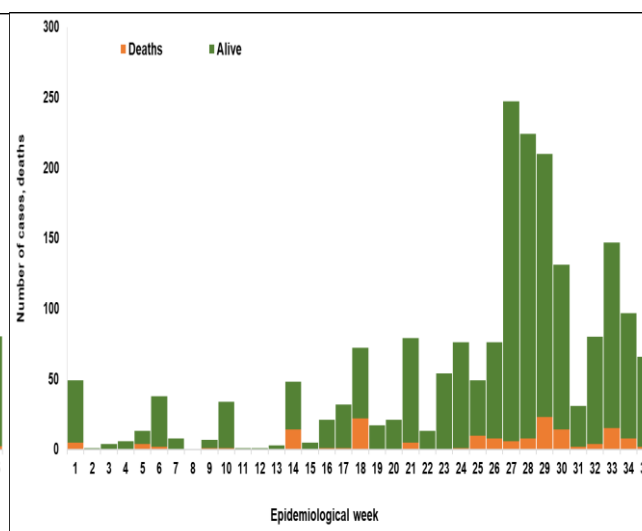
Figure 1. Epidemic curve of weekly reported Cholera cases, week 1 to week 35, 2021

- A backlog of 1,865 suspected cases was added to the initial 2,127 cases reported in epi week 34, following late data submission



Adamawa state

Bauchi state

**Katsina state****Sokoto state****Niger state****Kaduna state****Figure 2. State epidemic curve of weekly reported cholera cases, week 1 to week 35, 2021****Table 3: Top 10 states in cumulative cases**

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Bauchi	18,132	26%	26%
2	Kano	10,187	15%	41%
3	Jigawa	8,929	14%	55%
4	Sokoto	6,796	10%	65%
5	Katsina	5,933	8%	73%
6	Zamfara	4,518	6%	79%
7	Kebbi	3,010	4%	83%
8	Niger	2,265	3%	86%
9	Kaduna	1,961	3%	89%
10	Yobe	1,639	2%	91%
Total		63,370	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	8963	13%	13%
2	Hadeija	Jigawa	2402	3%	16%
3	Dutse	Jigawa	2123	3%	19%
4	Gusau	Zamfara	2000	3%	22%
5	Toro	Bauchi	1631	2%	24%
6	Funtua	Katsina	1617	2%	26%
7	Sumaila	Kano	1490	2%	28%
8	Ganjuwa	Bauchi	1278	2%	30%
9	Zurmi	Zamfara	1079	2%	32%
10	Tafawa Balewa	Bauchi	949	1%	33%
11	Birnin Kudu	Kano	947	1%	34%
12	Dange-Shuni	Sokoto	907	1%	35%
13	Ningi	Bauchi	827	1%	36%
14	Bichi	Kano	822	1%	37%
15	Gwadabawa	Sokoto	773	1%	38%
	Total		27,808	38%	

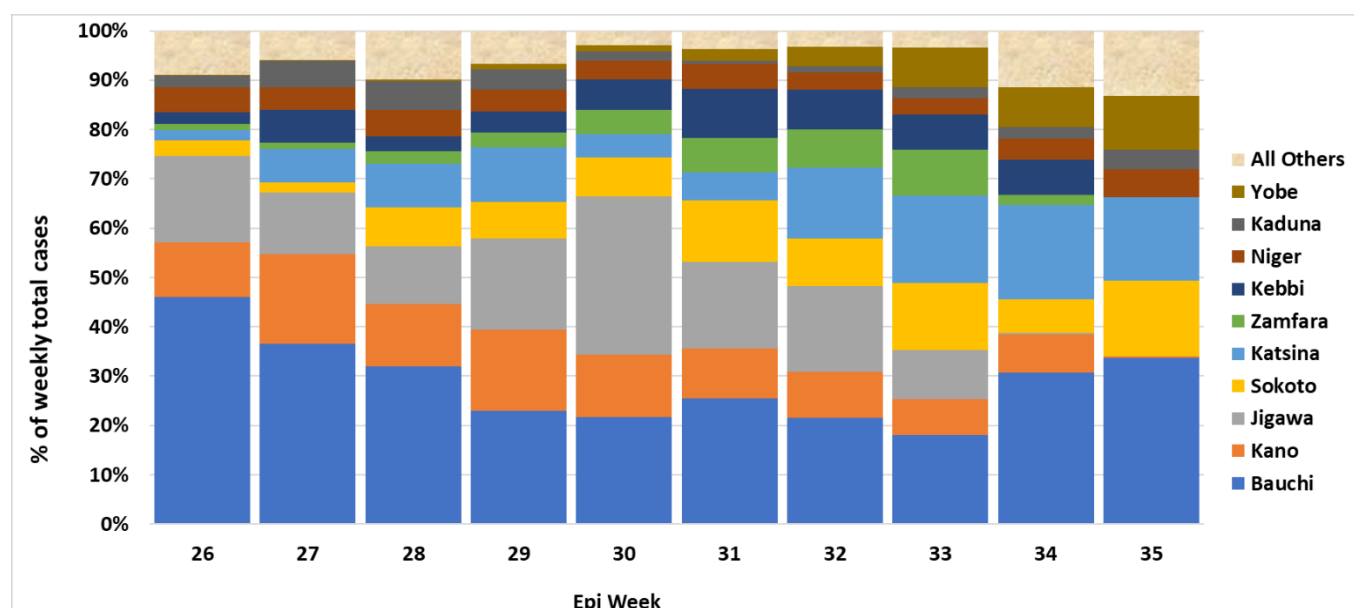


Figure 3. Percentage contribution of weekly cases by state in recent 10 weeks, week 25- 35, 2021

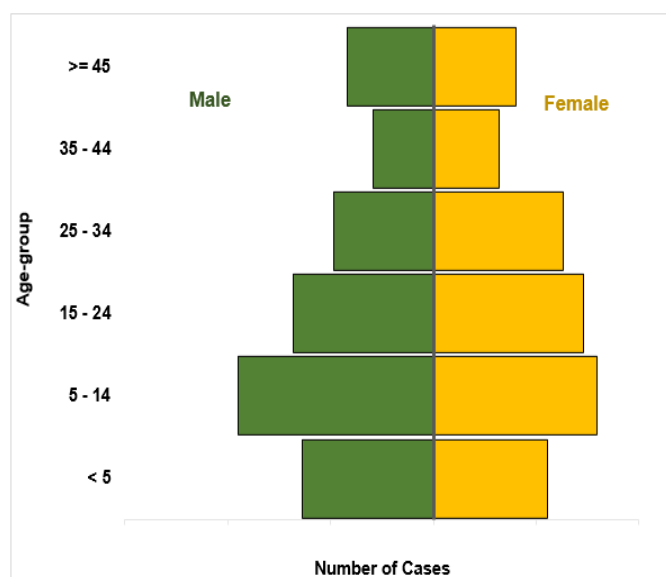


Figure 4. Age-Sex Pyramid for cumulative Cholera Cases, week 1-35, 2021: N=69,885

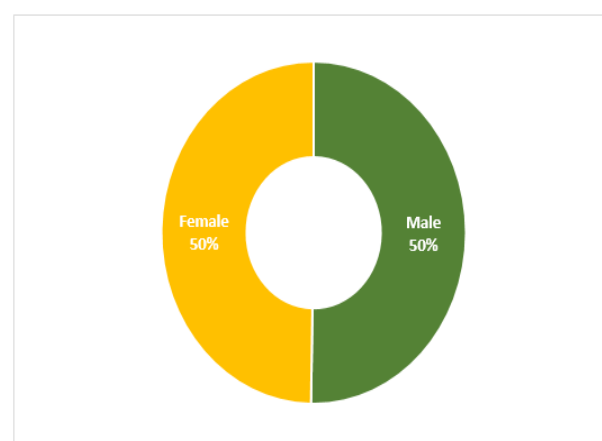


Figure 5. Sex disaggregation for cumulative Cholera cases, week 1-35, 2021: N=69,885

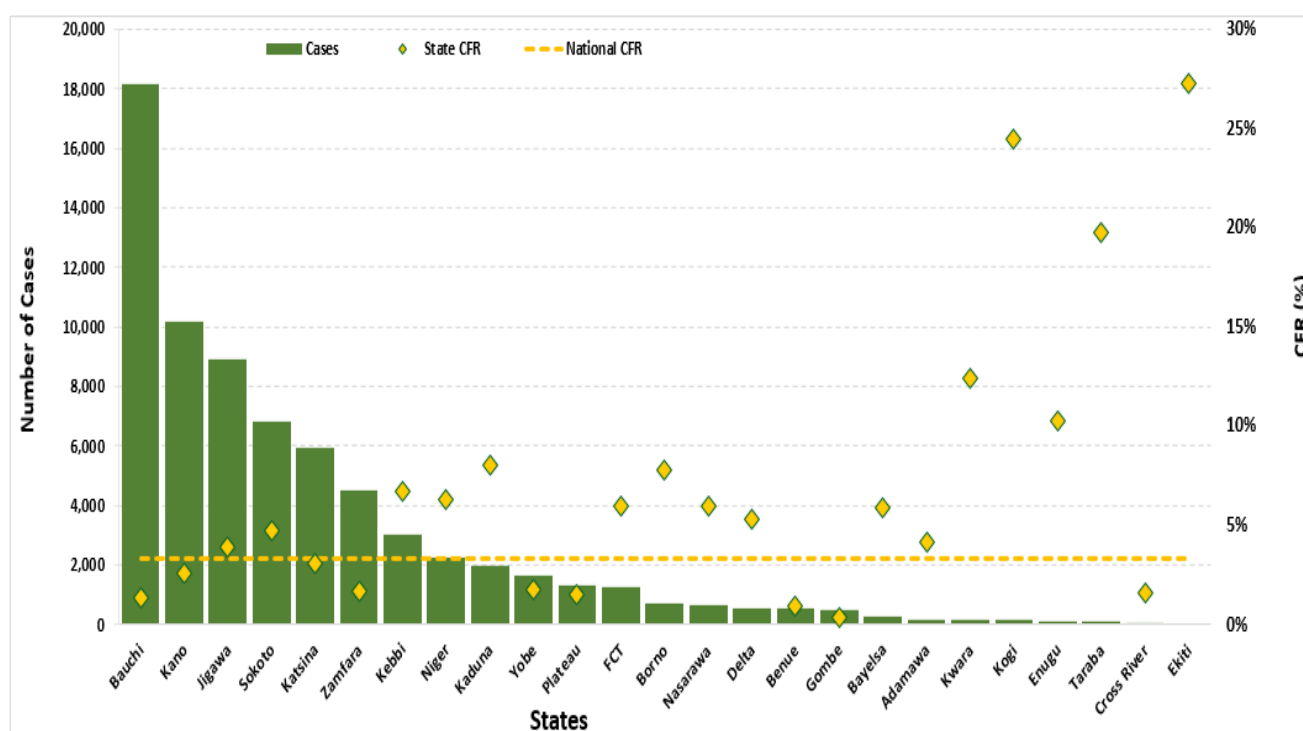


Figure 5: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1-35, 2021

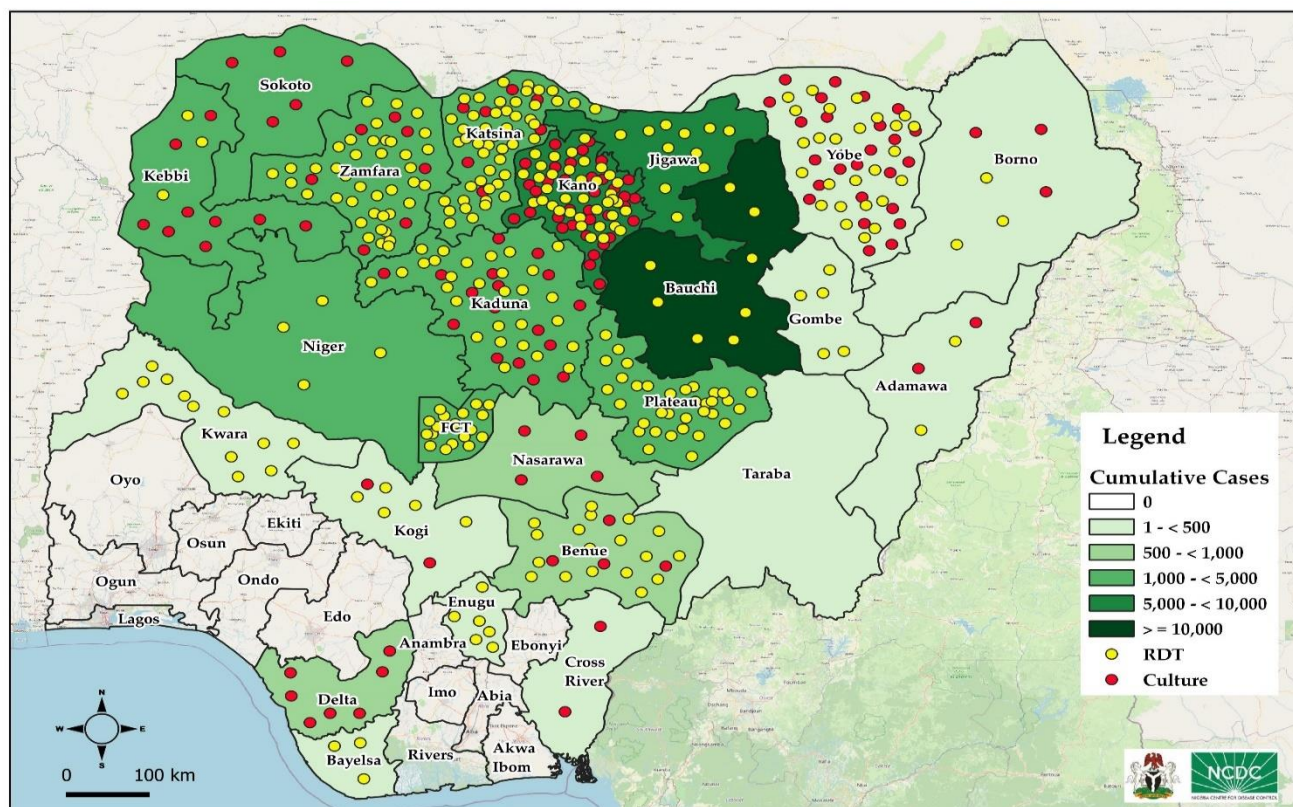


Figure 6. Map of Nigeria showing states with RDT + Culture confirmation and the burden of suspected cases, week 1- 35, 2021

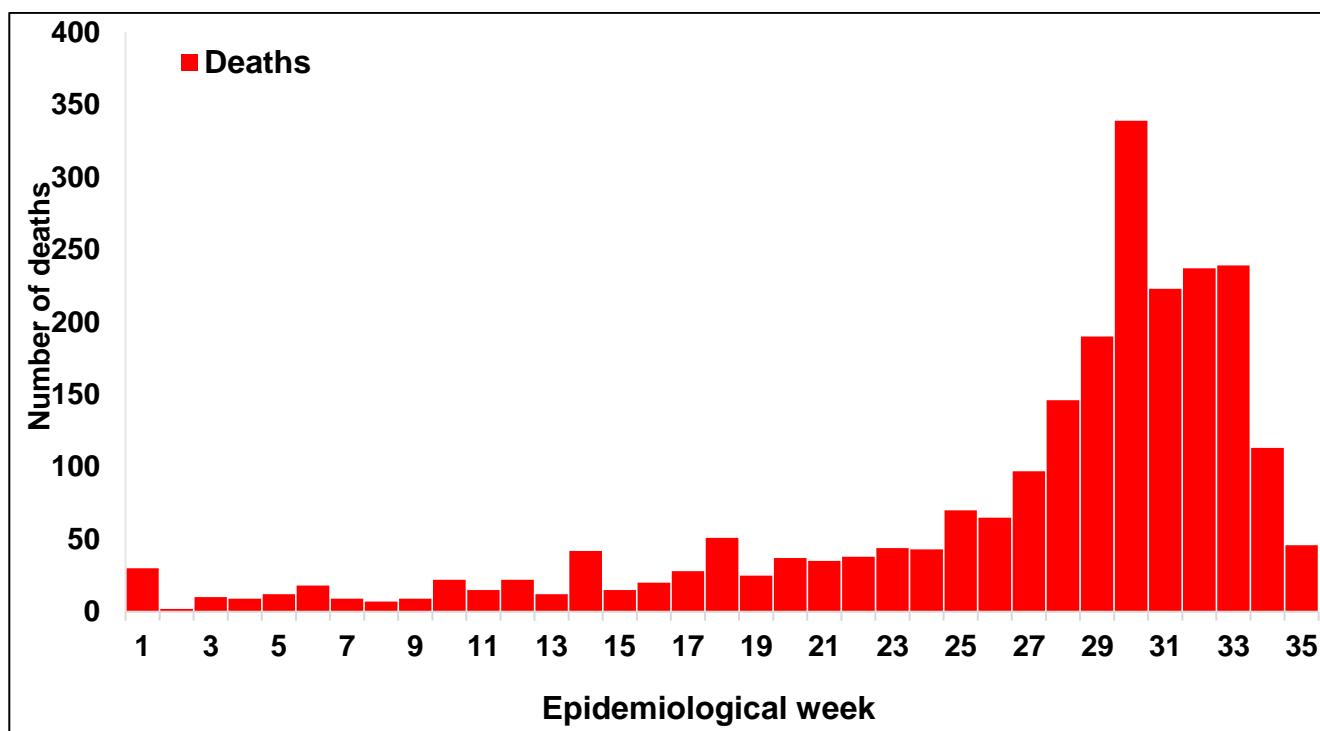


Figure 7: Trends in Deaths, week 1-35, 2021, Nigeria

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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) Providing 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 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 Ongoing testing across state-level laboratories 	<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 	<ul style="list-style-type: none"> Planned distribution of additional 100 hygiene kits to affected states

	<ul style="list-style-type: none"> National Youth Volunteer Programme on Clean Nigeria Campaign launched by the Federal Ministry of Water Resources (FMWR) 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 March at Agatu LGA, Benue State and in July at Bauchi LGA, Bauchi State 	<ul style="list-style-type: none"> 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 5th SEPTEMBER 2021