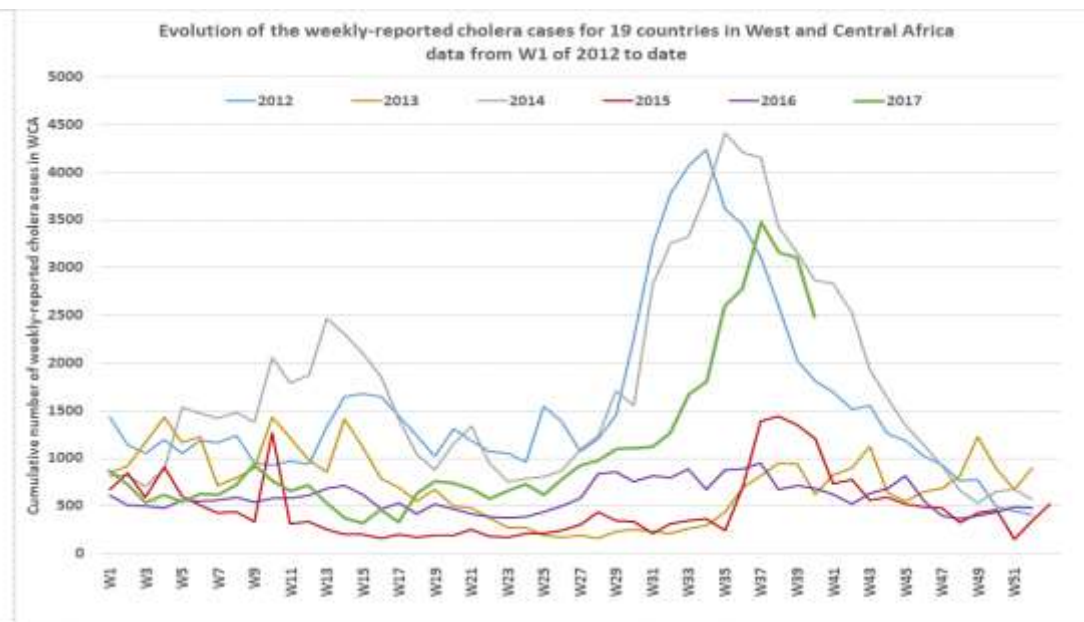
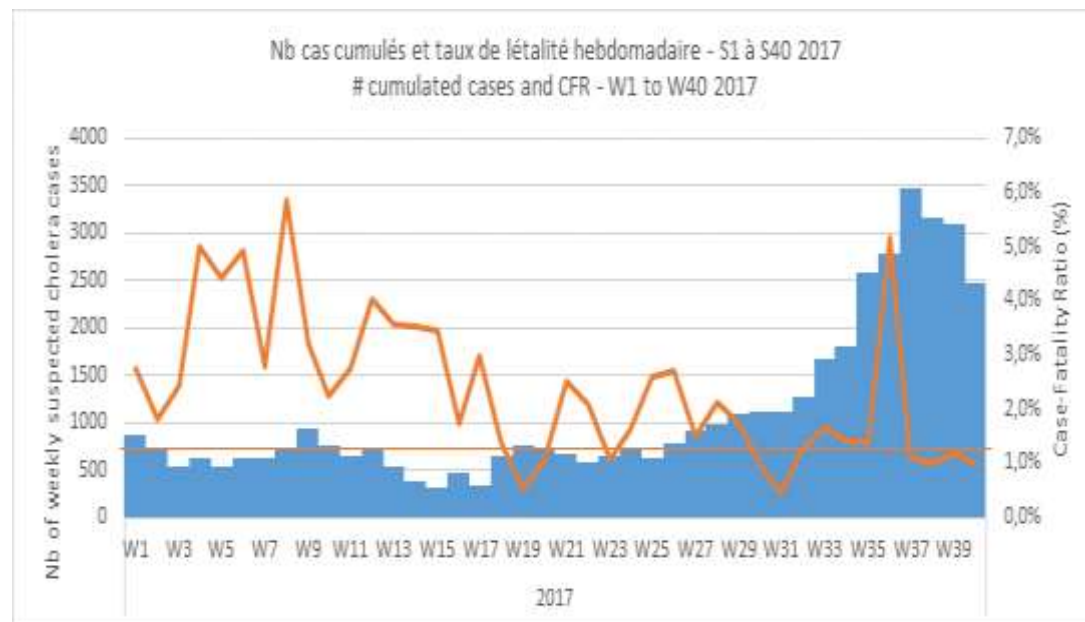


Country Name	2017																				Trends on CFR 2017			Onset 2017		Total suspected 2017			Cases in 2016	
	W1-20	W21-22	W23-24	W25	W26	W27	W28	W29	W30	W31	W32	W33	W34	W35	W36	W37	W38	W39	W40	W38	W39	W40	Week	Culture	Cases	Deaths	CFR	W1-40	Total	
Benin	0	0	0	1	0	0	2	0	0	1	0	0	6	0	0	0	0	0	0	-	-	-	Lab -		10	1	10.0%	830	874	
Burkina Faso	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-			0	0	-	-	-	
Cameroon*	18	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	-	-	-			20	0	-	16	78	
Central African Republic	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	NA	NA	-	-	-			0	0	-	265	265	
Chad	0	0	0	0	0	0	0	0	0	0	0	84	55	123	99	9	22	19	NA	13.6%	21.1%	-			411	30	7.3%	-	-	
Congo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-			0	0	-	18	18	
Congo (RD)	11383	1156	1153	536	587	813	941	1017	1109	1082	1171	1567	1654	1858	1627	1978	2192	2501	2126	1.2%	1.1%	1.1%	continuity of 2016		36 461	683	1.9%	22 580	28 170	
Cote d'Ivoire*	16	3	0	0	1	1	1	0	0	0	0	1	0	0	0	0	0	0	0	-	-	-	1 negative		23	0	0.0%	13	16	
Ghana	13	2	0	0	0	0	0	0	0	0	0	0	0	0	0	1	NA	NA	NA	-	-	-	one culture positive W37		16	0	0.0%	4	740	
Guinea	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-			1	0	0.0%	-	-	
Guinea Bissau	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-			0	0	-	-	-	
Liberia *	121	5	0	0	2	1	0	0	1	2	0	0	2	0	2	2	2	6	3	0.0%	0.0%	0.0%	Since W1, 2 samples +		149	6	4.0%	145	155	
Mali	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-			0	0	-	-	-	
Mauritania	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-			0	0	-	-	-	
Niger	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	-	-	-			1	0	0.0%	-	38	
Nigeria	913	79	234	82	186	109	36	80	2	23	92	22	91	609	1047	1485	943	579	348	0.3%	0.9%	0.3%	Week 2	23 positive	6 960	140	2.0%	692	768	
Sénégal	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-			0	0	-	-	-	
Sierra Leone	5	0	0	0	0	0	0	0	1	1	0	0	0	0	2	0	0	0	1	-	-	0.0%	on W40, RDT -		10	0	0.0%	-	-	
Togo	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	-	-	-			0	0	-	2	2	
Lake Chad River Basin	931	79	234	82	186	109	36	80	2	23	92	106	146	732	1 148	1 494	966	598	348						7 392	170	2.3%	708	884	
Congo River Basin	11 383	1 156	1 153	536	587	813	941	1 017	1 109	1 082	1 171	1 567	1 654	1 858	1 627	1 978	2 192	2 501	2 126						36 461	683	1.9%	22 863	28 453	
Guinea Gulf Basin	155	11	-	1	3	2	3	-	2	4	-	1	8	-	4	9	2	6	4						209	7	3.3%	994	1 787	
WCAR	12 469	1 246	1 387	619	776	924	980	1 097	1 113	1 119	1 263	1 674	1 808	2 590	2 779	3 475	3 160	3 105	2 478						44 062	860	2.0%	24 565	31 124	

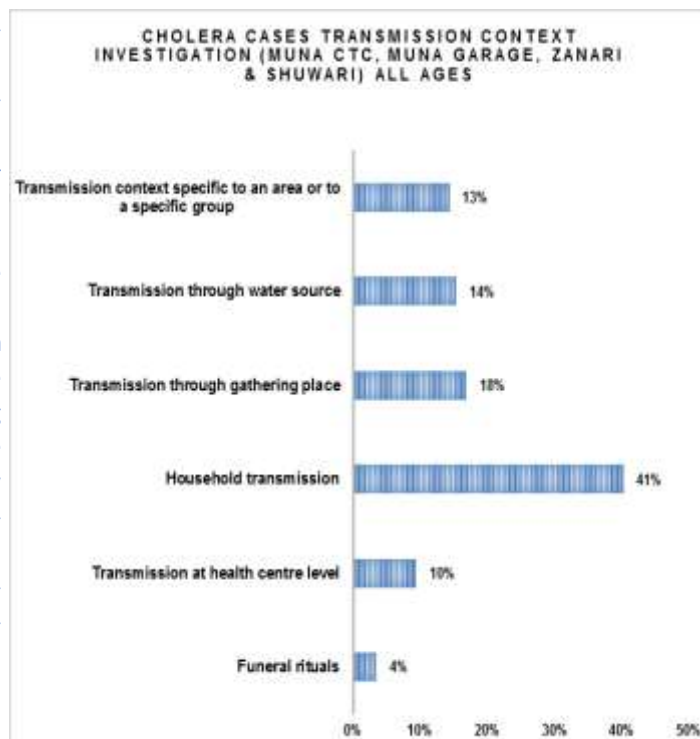
NA : Not Available. \* Liberia, Cameroon and Cote d'Ivoire surveillance systems are recording and reporting suspected cholera cases.

Nigeria: Since W34, the epi data for Borno state are recorded from the daily sitrep produced and cases reported from other states are entered based on data communicated by NCDC. For Borno state, several discrepancies were noticed, motivating the preference to collect the info from Borno daily sitreps



## Nigeria – Cholera outbreak in Borno state: Focus on the transmission context (September-October 2017)

In collaboration with WASH, communication and health stakeholders, a field mission was organized to investigate cholera transmission contexts in the affected areas. It targeted the locations of Muna cholera treatment centre (CTC), Muna garage, Zanari and Shuwari 2, investigating 40 cholera cases and caretakers including 23 children. The objective was not to conduct a statistical study; nonetheless this field mission led the teams to observe and understand some of the risk factors and hence adapt their response and messages accordingly. For instance, children of 0-9 age group are representing 53.7% of the cholera suspected cases. Field observation highlighted how children are indeed at greater risk than parents as they are the ones taking care of their young brothers/sisters, handling faeces, while the mothers are out, working for the family. In addition, they saw how children continue having normal and frequent direct contacts with cholera patients inside the household or compound without appropriate hygiene practices; hygiene promotion campaigns usually target adults. These fields observations are extremely relevant to better apprehend the local transmission context and hence prioritize efficient interventions rather than a more general approach to cholera control.



### Highlight: majors causes of cholera transmission

#### 1. Household Transmission

- Contact with sick person from cholera in the household
- Visit and contact with another sick person from cholera in the compound
- Exposition of child to the contact of faeces without hygiene practice

#### 2. Transmission trough gathering place

- The sick person attend ceremonies as marriage, baptism, ... with communal foods
- Poor hygiene in the street restaurant

#### 3. Transmission trough water source

- Using the water of river, stream, rain without treatment as drinking water

#### 4. Transmission specific to an area or specific group

- Exposition of child to the contact of faeces without hygiene practice
- Poor hygiene condition in the Arabic school

#### 5. Transmission at health centre level (Muna CTC)

- Visit to patient in the CTC

#### 6. Funeral rituals

- The sick person recently attend a funeral ritual

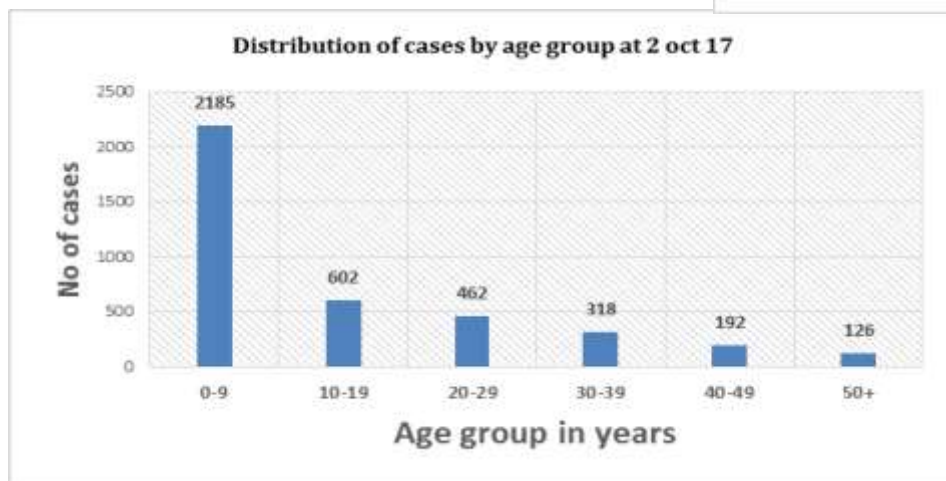


Table #1: Epidemiological situation as of Oct. 19<sup>th</sup> 2017 (cumulative data).

Affected LGAs	Jere	MMC	Mafa	Dikwa	Mongonu	Total
Cases	2569	38	6	736	1688	5037
Death	43	2	0	13	3	61

## Nigeria – Flambées épidémiques de choléra dans l'état de Borno : Zoom sur le contexte de transmission (sept.-oct. 2017).

Les partenaires des domaines de la santé, de l'Eau, Hygiène et Assainissement (EHA) et de la communication ont organisé une mission terrain conjointe pour enquêter sur les contextes de transmission de choléra dans les zones affectées. Ils ont ciblé les zones du Centre de traitement de choléra de Muna, Muna garage, Zanari et Shuwari 2, interrogeant près de 40 personnes affectées par le choléra et leurs garde-malades dont 23 enfants. L'objectif n'était pas de mener une étude statistique mais bien de conduire les équipes de réponse par des observations concrètes de terrain à mieux comprendre les attitudes et pratiques locales à risque et ainsi, adapter et définir une réponse et des messages en cohérence. Par exemple, les enfants âgés de 0 à 9 ans forment le groupe le plus affecté avec 53,7% des cas rapportés en l'occurrence. Les observations ont permis de mettre en évidence que ces enfants étaient en effet plus exposés car ils étaient en charge de leurs petits frères et sœurs le temps où leurs mères ou parents plus âgés sont contraints de s'absenter pour travailler à l'extérieur. Par ailleurs, ces enfants continuent des contacts réguliers et sans précaution particulière avec les personnes souffrant de choléra au sein du foyer par méconnaissance ; les messages d'hygiène étant principalement diffusés auprès d'adultes. Ces observation terrain sont extrêmement importantes pour mieux appréhender le contexte local de transmission et ainsi prioriser des interventions efficaces plutôt qu'une réponse parfois trop générique d'urgence choléra.