

# Cholera Situation Report

## MONTHLY EPIDEMIOLOGICAL REPORT 01

Epidemiological week 1-4: (03 January to 30 January 2022)

### Key Points

Table 1: Summary of current week (Epi week 4, 2022)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
50	2	4.0%	2	4

Table 2: Cumulative summary from Epi week 1 - 4, 2022

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
470	9	1.9%	10	26

### Week 04 Highlights

- Ten states have reported suspected cholera cases in 2022. These are Abia, Adamawa, Bauchi, Bayelsa, Borno, Cross River, Kwara, Lagos, Taraba and Zamfara
- In the reporting week, 2 states reported **50** suspected cases – Taraba (35) and Bayelsa (15)
- There was **49% decrease in the number of new suspected cases** in week 03 (98) compared with week 04 (50)
- Taraba state with 35 account for 70% of 50 suspected cases reported in week 04
- During the reporting week, 7 Cholera Rapid Diagnostic Test (RDT) was conducted. RDT conducted was from Taraba (6) and Bayelsa (1). Of this, a total of 3 (43%) were positive
- 1 stool culture was conducted. Stool culture conducted was from Bayelsa (1). Of this, none (0%) was positive
- Of the cases reported, there was 2 deaths from one state reporting with a weekly case fatality ratio (CFR) of 4.0%
- One new state reported cases in week 04
- National Multi-sectoral Cholera TWG continues to monitor response across states

### Cumulative Epi-Summary

- As of 30<sup>th</sup> January 2022, a total of **470** suspected cases including **9** deaths (CFR 1.9%) have been reported from 10 states in 2022
- Of the suspected cases since the beginning of the year, **age group <5 years** is the most affected age group for male and female
- Of all suspected cases, **45% are males and 55% are females**
- Three states - Taraba (201 cases), Borno (88 cases) and Adamawa (56 cases) account for 73% of all cumulative cases

- Ten LGAs across five states Borno (3), Adamawa (2), Taraba (1), Bayelsa (1) and Kwara (1) reported more than 10 cases each this year

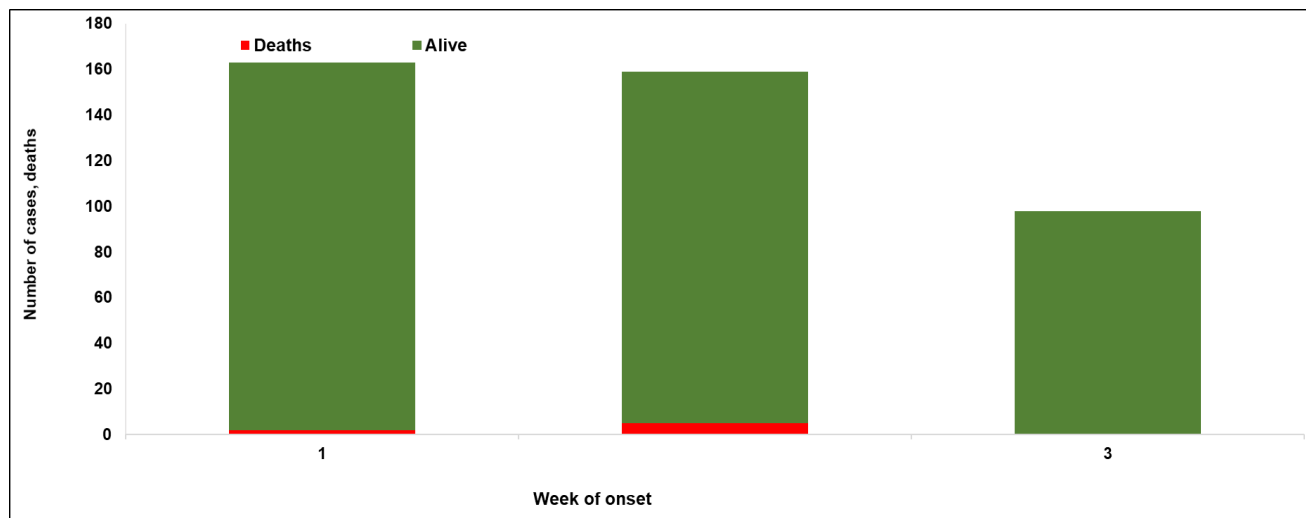


Figure 1: National Epidemic curve of weekly reported Cholera cases, week 1 to week 04, 2022

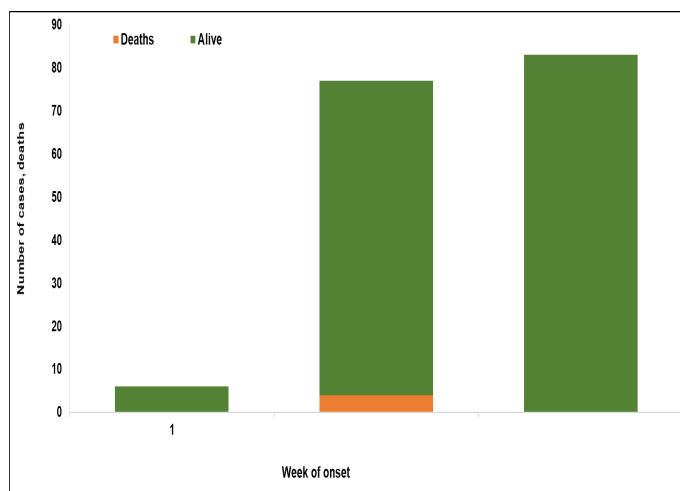


Fig 2: Taraba epidemic curve, week 1 to week 4, 2022

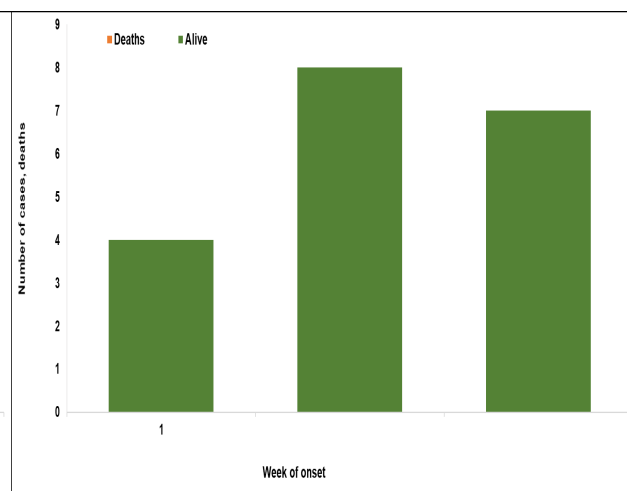


Fig 3: Bayelsa epidemic curve, week 1 to week 4, 2022

Table 3: Top 10 states in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Taraba	201	43%	43%
2	Borno	88	19%	61%
3	Adamawa	56	12%	73%
4	Bayelsa	34	7%	81%
5	Kwara	30	6%	87%
6	Zamfara	28	6%	93%
7	Lagos	24	5%	98%
9	Bauchi	4	1%	100%
10	Cross River	1	0%	100%
<b>Total</b>		<b>470</b>	<b>100%</b>	

Table 4:  
Top 15  
Local

Government Areas (LGAs) in cumulative cases

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Gassol	Taraba	188	40%	40%
2	Edu	Kwara	30	6%	46%
3	Mafa	Borno	30	6%	53%
4	Maiduguri	Borno	29	6%	59%
5	Yola North	Adamawa	24	5%	64%
6	Jere	Borno	22	5%	69%
7	Southern/Ijaw	Bayelsa	18	4%	73%
9	Ogbia	Bayelsa	16	3%	80%
10	Ikorodu	Lagos	16	3%	83%
11	Wukari	Taraba	13	3%	86%
12	Gummi	Zamfara	8	2%	88%
13	Ngala	Borno	7	1%	89%
14	Bukkuyum	Zamfara	7	1%	91%
15	Girei	Adamawa	7	1%	92%
<b>Total</b>			<b>433</b>	<b>92%</b>	

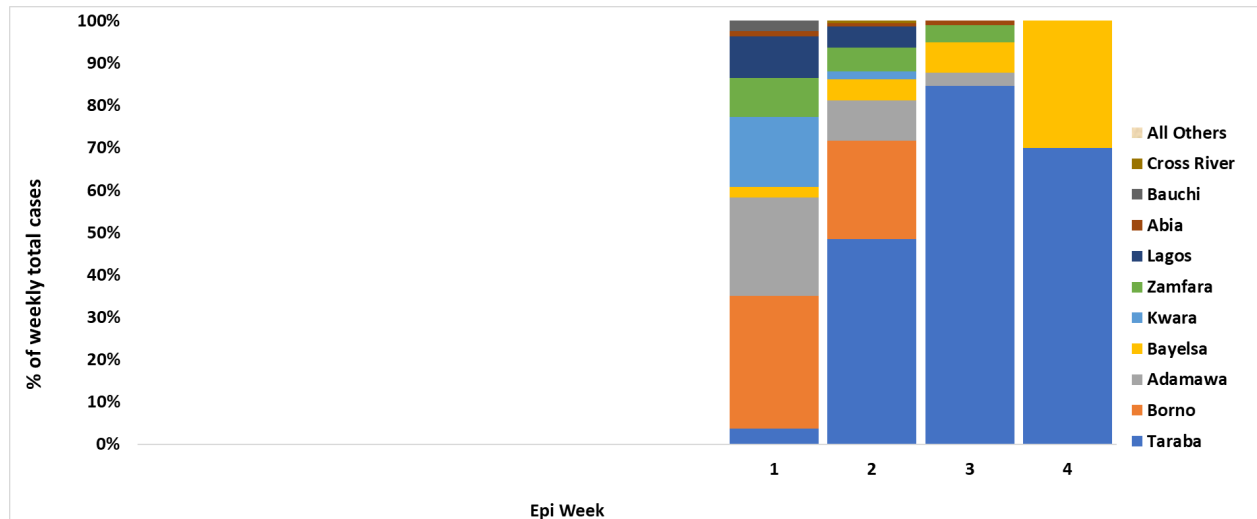


Figure 8: Percentage contribution of weekly cases by state in recent 5 weeks, week 1 - 4, 2022

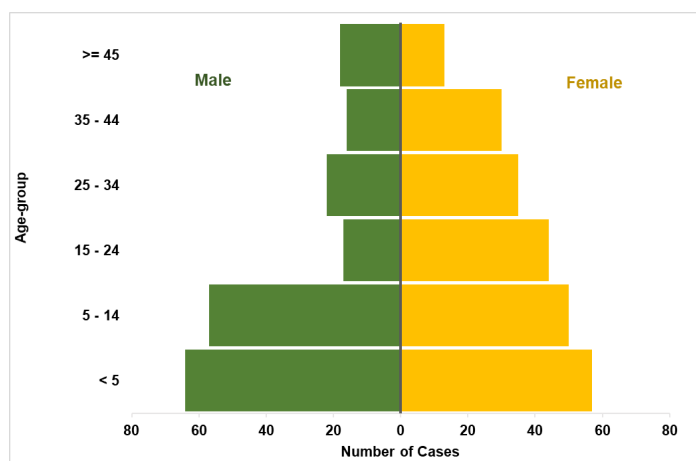


Figure 9. Age-Sex Pyramid for cumulative Cholera Cases, week 1-4 , 2022: N=469

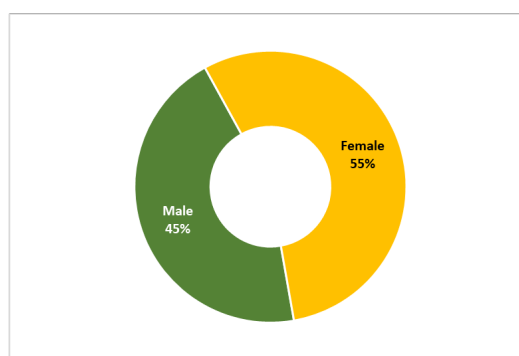


Figure 10. Sex disaggregation for cumulative Cholera cases, week 1-4 , 2022: N=469

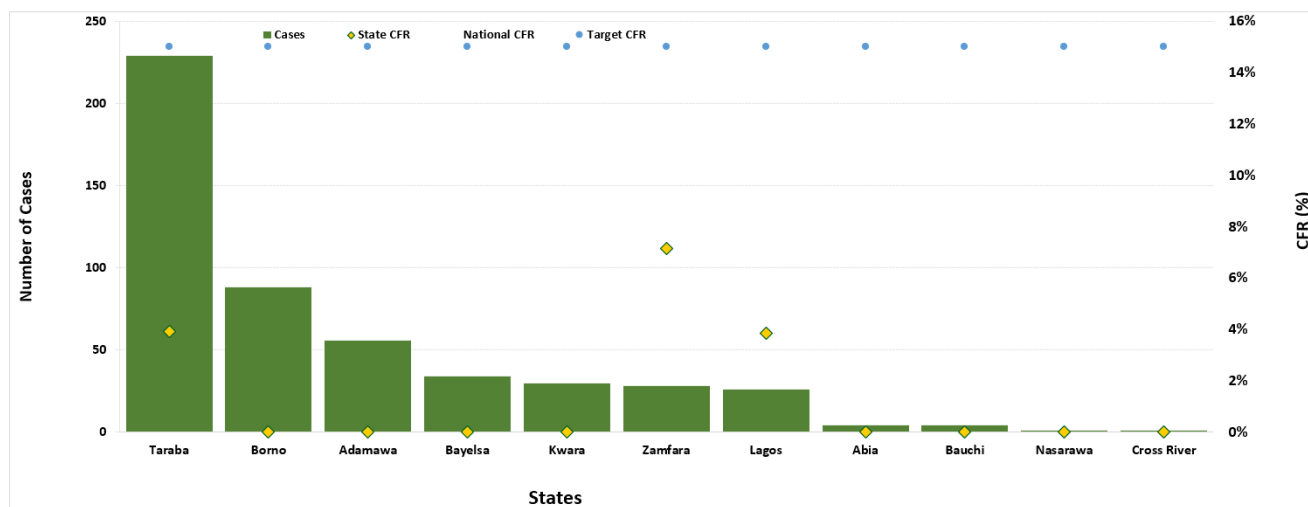


Figure 11: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1 - 4, 2022

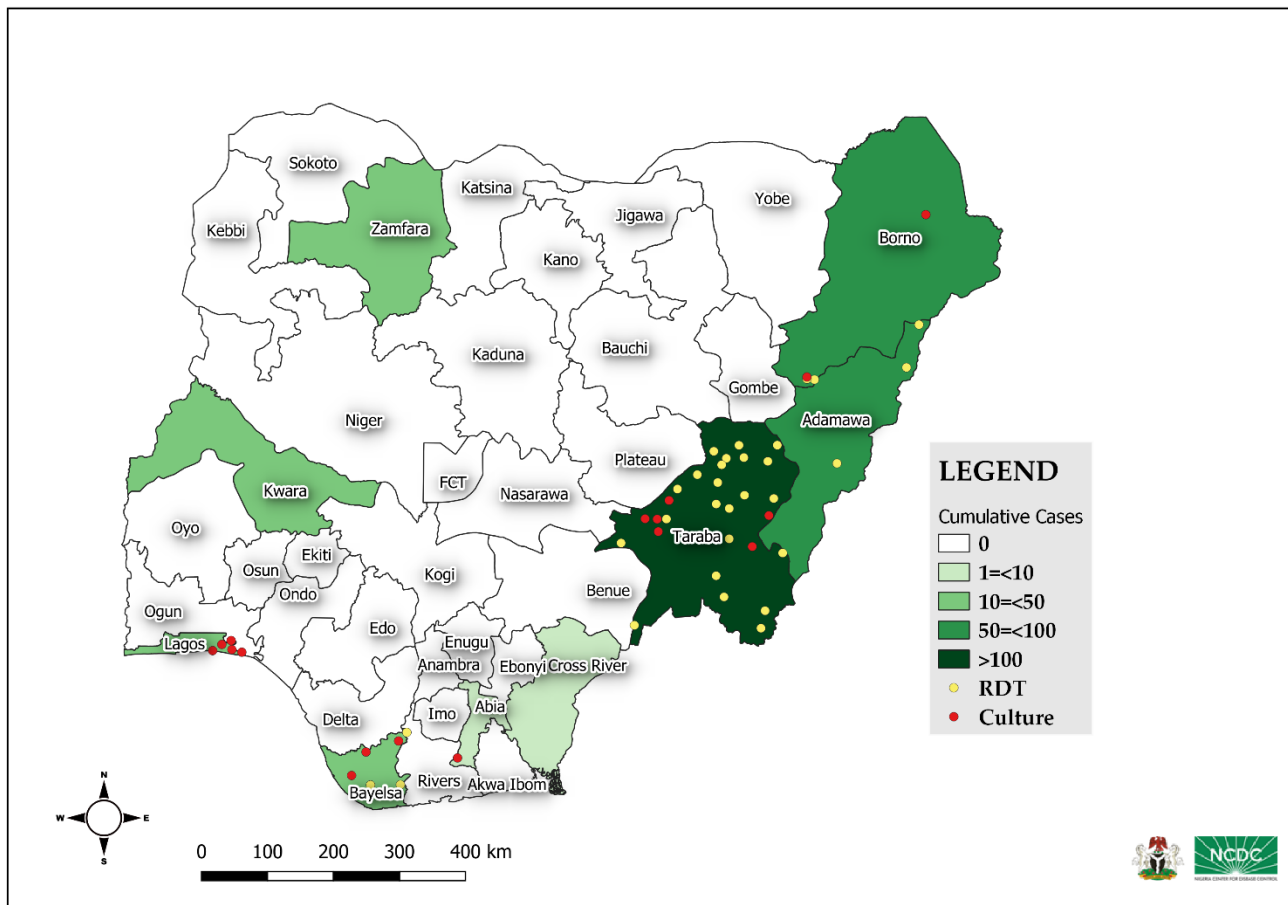


Figure 12. Map of Nigeria showing states with RDT + Culture and suspected cases, week 1 - 4, 2022

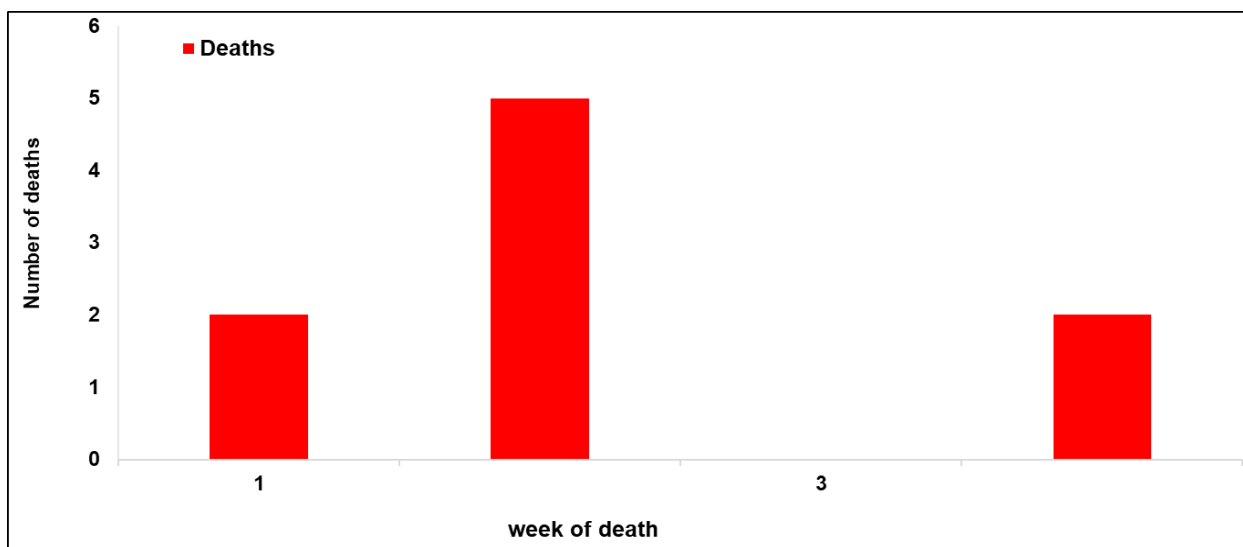


Figure 13: Trends in Deaths, week 1 - 4, 2022, Nigeria



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 (FMEnvrt), and partners</li> <li>A National Rapid Response Team (NRRT) with response commodities deployed by NCDC to support the ongoing outbreak response in Taraba state</li> </ul>	<ul style="list-style-type: none"> <li>The national multi-sectoral TWG will continue 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> </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>Finalization workshop held 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 ongoing testing across state-level laboratories at NCDC National Reference Laboratory (NRL), Abuja</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> <li>Continuous construction of sanitation and hygiene facilities with boreholes in cholera hotspots</li> <li>Ongoing training of WASH Officers across</li> </ul>	<ul style="list-style-type: none"> <li>Continue distribution of hygiene kits to affected states</li> </ul>

	states	
<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> </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 Taraba	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 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

- Continue training on cholera surveillance, hotspot mapping and develop state level preparedness and response plans
- Maintain communication with and support to states for data reporting and response
- 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)
- Scale up risk communications

### Notes on this report

#### Data Source

Information for this disease was from routine case-based data and outbreak line-lists retrieved by the National Cholera Technical Working Group

#### 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 30<sup>th</sup> January 2022