



NIGERIA CENTRE FOR DISEASE CONTROL

# Cholera Situation Report

## WEEKLY EPIDEMIOLOGICAL REPORT 13

Epi Week 36: 06 September – 12 September 2021

### Key Points

Table 1: Summary of current week (Epi week 36 ,2021)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
1,182	23	1.9%	13	68

Table 2: Cumulative summary from Epi week 1-36,2021

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
72,910	2,404	3.3%	28	336

### Week 36 Highlights

- Twenty-seven states and FCT have reported suspected cholera cases in 2021. These are Abia, Adamawa, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ekiti, Enugu, FCT, Gombe, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Nasarawa, Niger, Ogun, Osun, Plateau, Sokoto, Taraba, Yobe, and Zamfara
- In the reporting week, 13 states reported **1,182** suspected cases - Bauchi (472), Katsina (194), Borno (106), Jigawa (95), Yobe (80), Kaduna (68), Adamawa (63), Sokoto (38), Gombe (34), Abia (13), Taraba (10), Ogun (8) and Niger (1)
- There was a **58% decrease in the number of new suspected cases** in week 36 (1,182) compared with week 35 (1,677)
- Bauchi (472), Katsina (194) and Borno (106) account for 65.3% of 1,182 suspected cases reported in week 36
- During the reporting week, 48 Cholera Rapid Diagnostic Tests were conducted. RDT tests conducted were from Gombe (30), Adamawa (11), Katsina (3), Kaduna (2) and Abia (2). Of this, a total of 18 (38%) were positive by RDT
- A total of 10 Culture tests were conducted in Katsina (6), Adamawa (3) and Kaduna (1). Of this, 2 (20%) were positive
- Of the cases reported, there were 23 deaths from Kaduna (6), Adamawa (5), Katsina (4), Gombe (2), Jigawa (2), Bauchi (1), Borno (1), Ogun (1) and Taraba (1) states with a weekly case fatality ratio (CFR) of 1.9%
- Two new states (Abia and Ogun) reported cases in week 36
- The national multi-sectoral EOC activated at level 02 continues to coordinate the national response

### Cumulative Epi-Summary

- As at 12<sup>th</sup> September 2021, a total of 72,910 suspected cases including 2,404 deaths (CFR 3.3%) have been reported from 27 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 male and female
- Of all suspected cases, **50% are males and 50% are females**
- Three states of Bauchi (18,822 cases), Kano (10,187 cases) and Jigawa (9,300 cases) account for 53% of all cumulative cases
- 10 LGAs across 5 states (Bauchi (4), Jigawa (2), Zamfara (2), Kano (1) and Katsina (1)) have reported more than 1,000 cases each this year

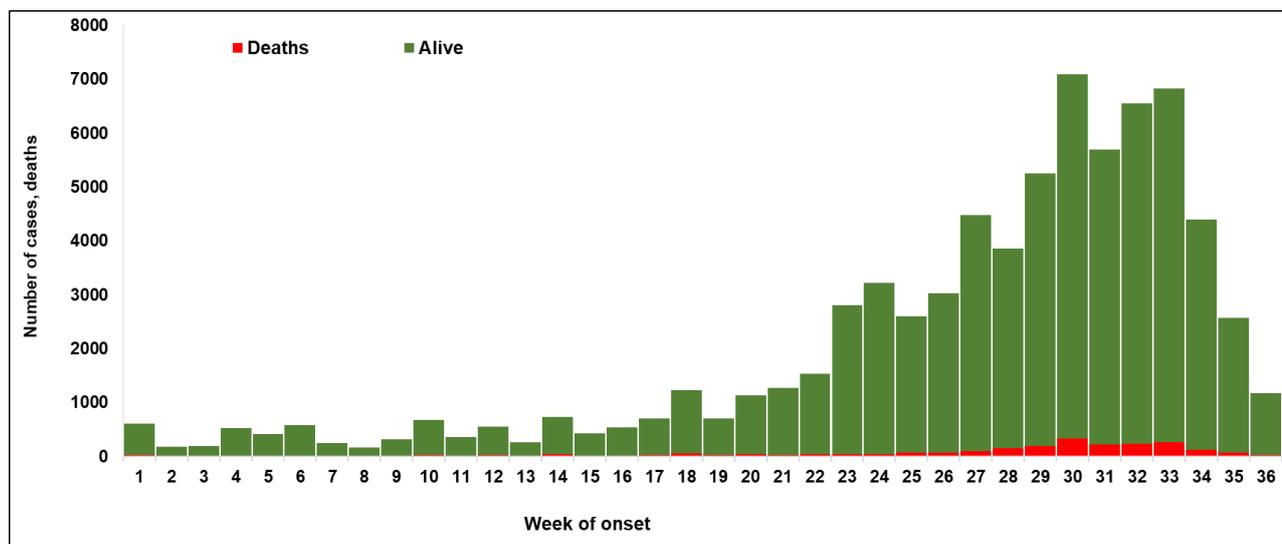
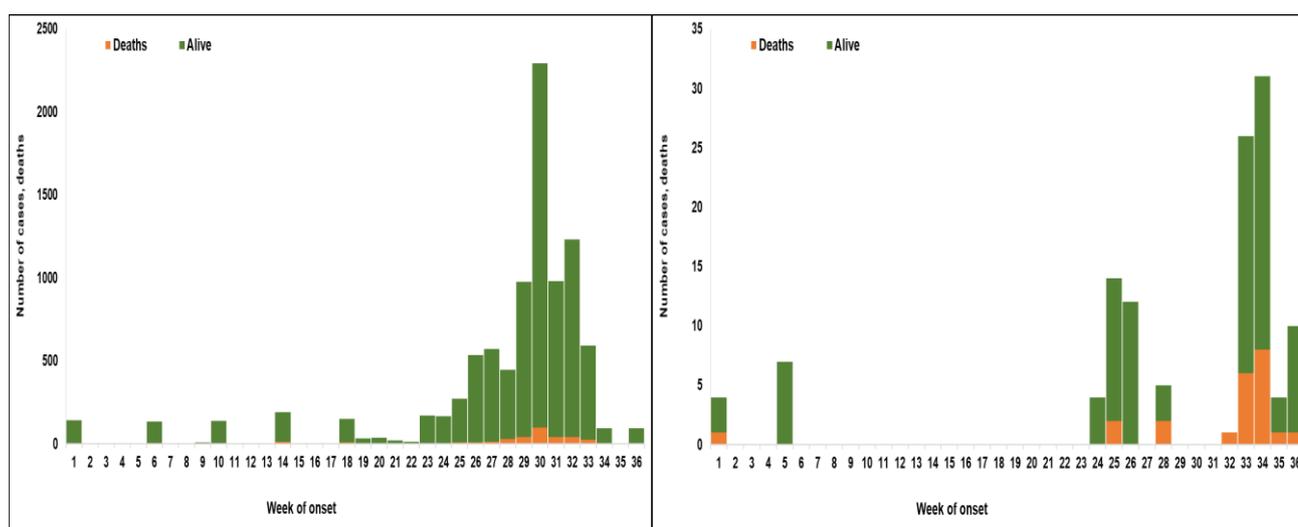
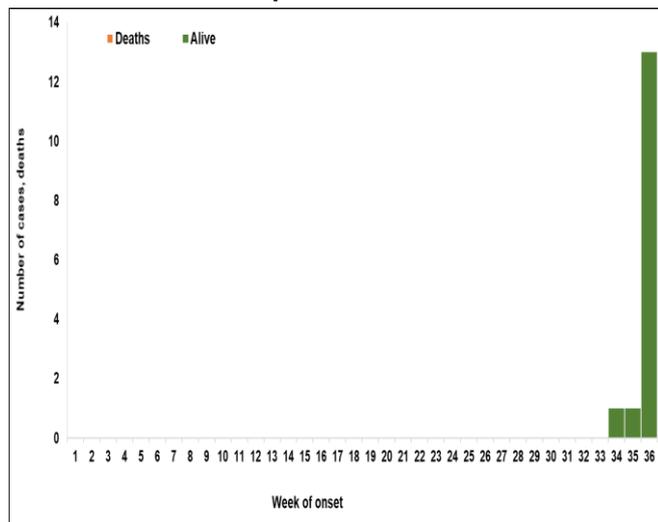


Figure 1. Epidemic curve of weekly reported Cholera cases, week 1 to week 36, 2021

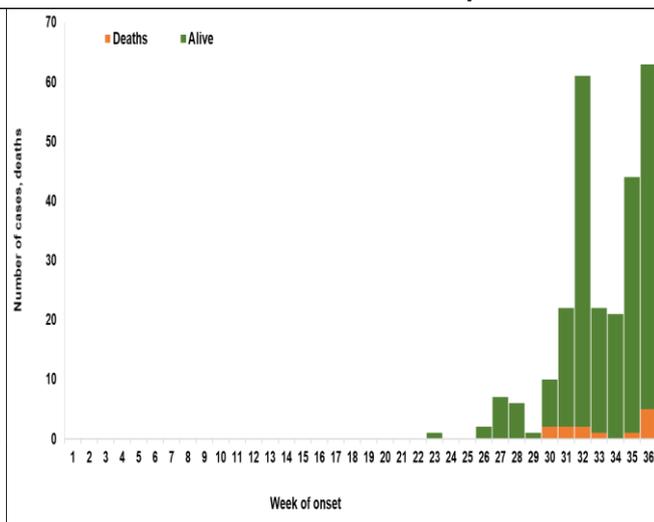


Jigawa state

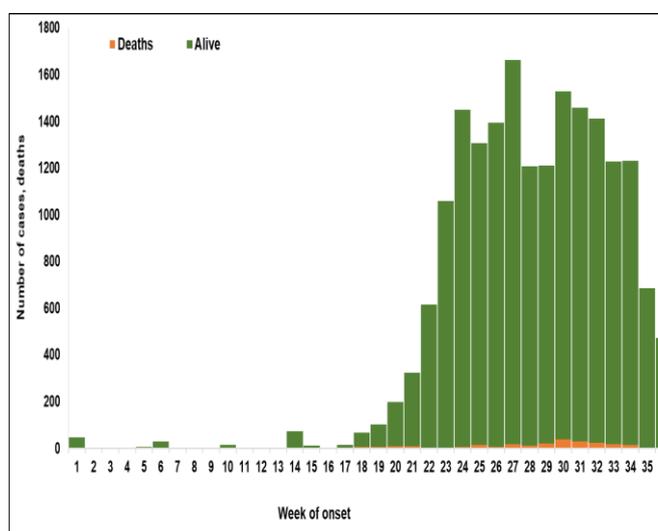
Taraba state



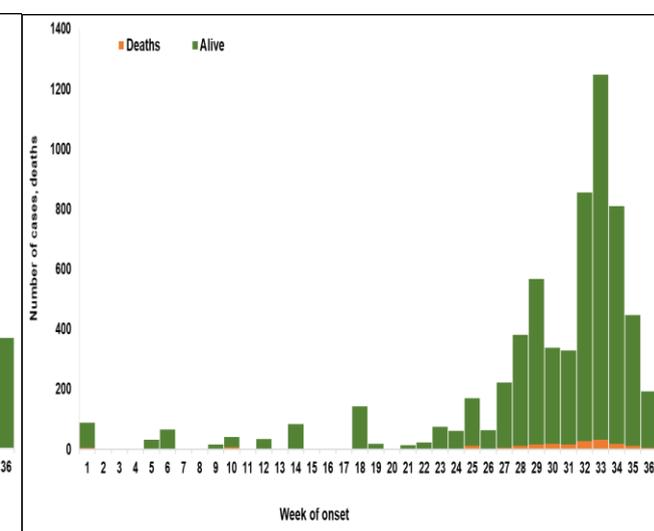
**Abia state**



**Adamawa state**



**Bauchi state**



**Katsina state**

**Figure 2. State epidemic curve of weekly reported cholera cases, week 1 to week 36, 2021**

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

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Bauchi	18,822	26%	26%
2	Kano	10,187	14%	40%
3	Jigawa	9,300	13%	53%
4	Sokoto	6,835	9%	62%
5	Katsina	6,328	9%	71%
6	Zamfara	4,518	6%	77%
7	Kebbi	3,646	5%	82%
8	Niger	2,266	3%	85%
9	Kaduna	2,035	3%	88%
10	Yobe	1,772	2%	90%
	<b>Total</b>	<b>65,709</b>	<b>90%</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	9155	13%	13%
2	Hadeija	Jigawa	2387	3%	16%
3	Dutse	Jigawa	2126	3%	19%
4	Gusau	Zamfara	2000	3%	22%
5	Toro	Bauchi	1768	2%	24%
6	Funtua	Katsina	1617	2%	26%
7	Sumaila	Kano	1490	2%	28%
8	Ganjuwa	Bauchi	1295	2%	30%
9	Zurmi	Zamfara	1079	1%	31%
10	Tafawa Balewa	Bauchi	1004	1%	32%
11	Birnin Kudu	Kano	970	1%	33%
12	Dange-Shuni	Sokoto	925	1%	34%
13	Ningi	Bauchi	829	1%	35%
14	Bichi	Kano	822	1%	36%
15	Gwadabawa	Sokoto	760	1%	37%
<b>Total</b>			<b>27,808</b>	<b>37%</b>	

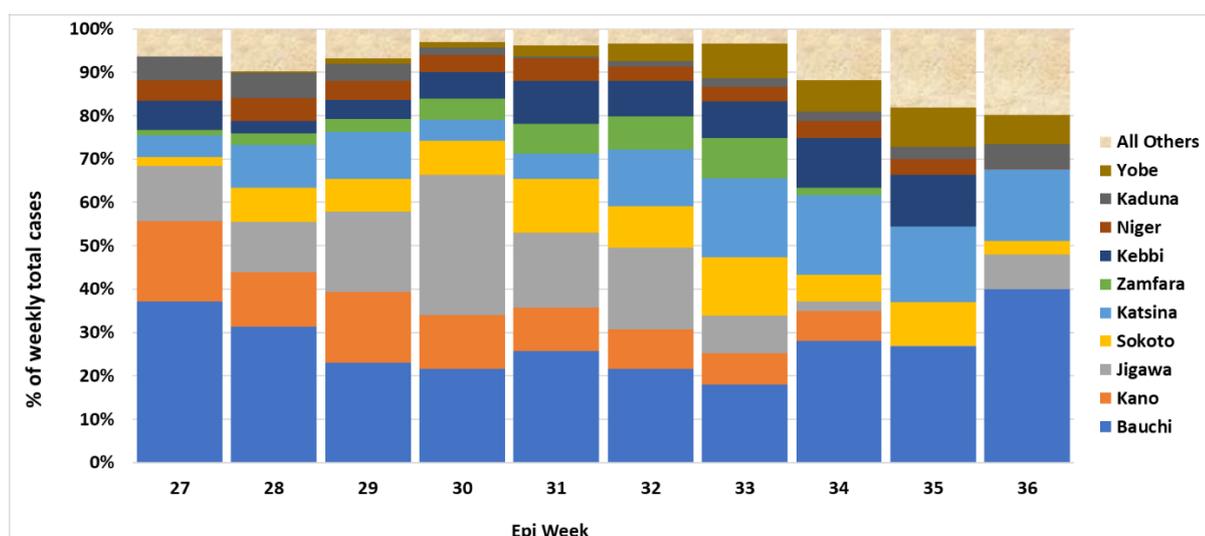


Figure 3. Percentage contribution of weekly cases by state in recent 10 weeks, week 26- 36, 2021



Figure 3. Age-Sex Pyramid for cumulative Cholera Cases, week 1-36 , 2021: N=72,406

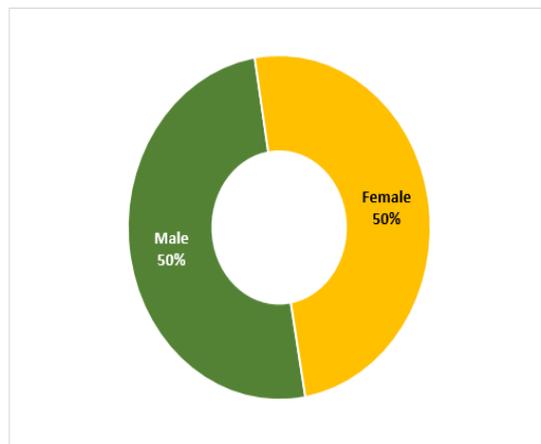


Figure 4. Sex disaggregation for cumulative Cholera cases, week 1-36 , 2021: N=72,406

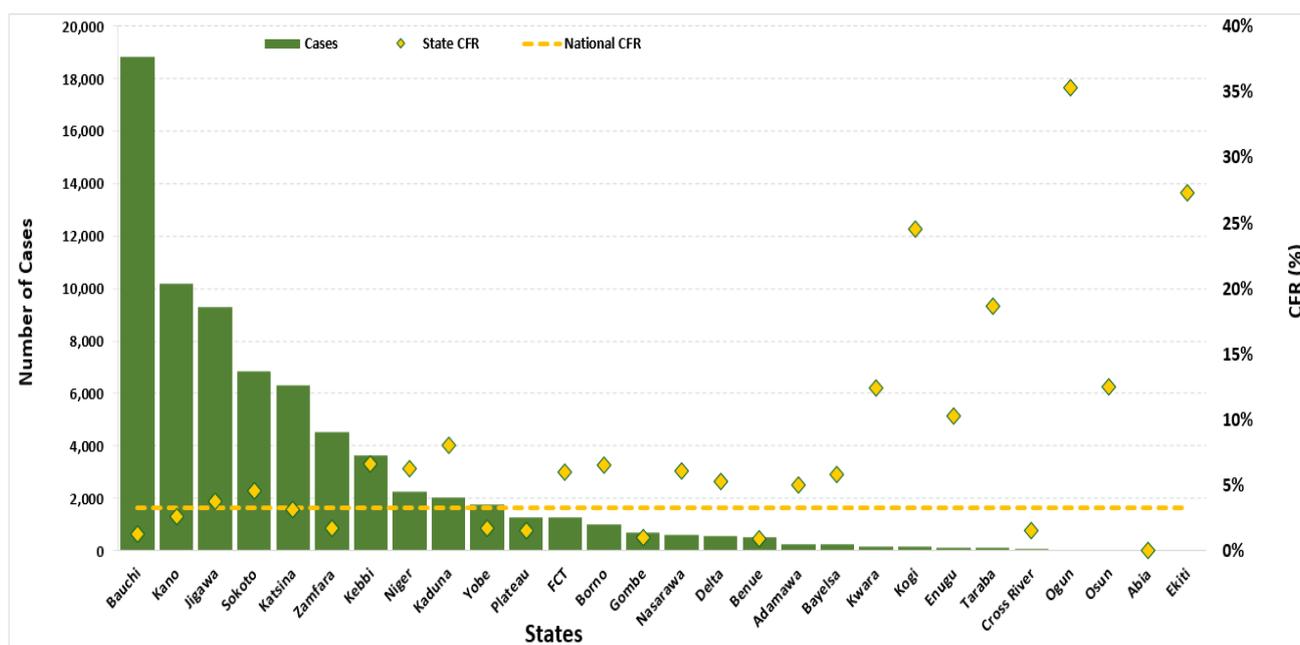


Figure 5: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1-36, 2021

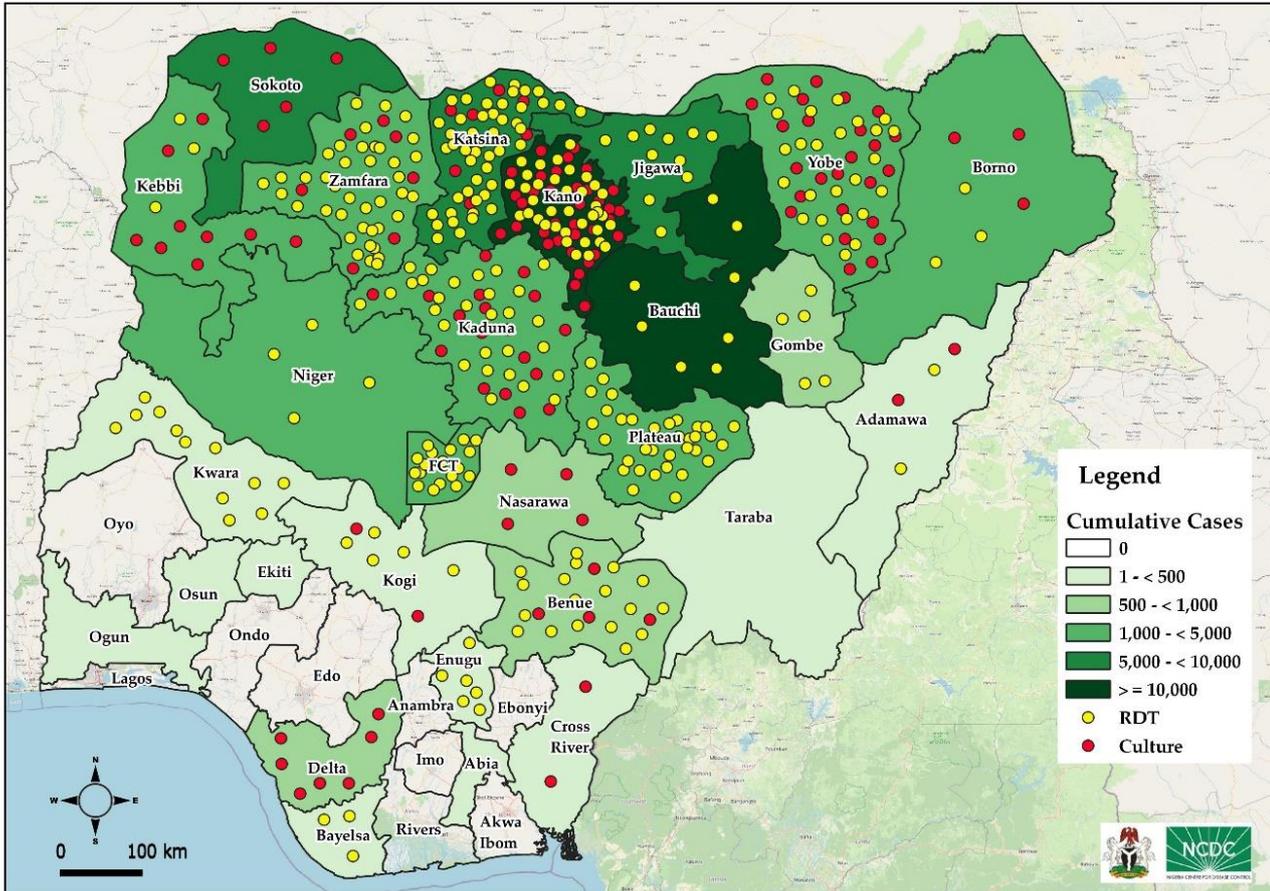


Figure 6. Map of Nigeria showing states with RDT + Culture confirmation and suspected cases, week 1- 36, 2021

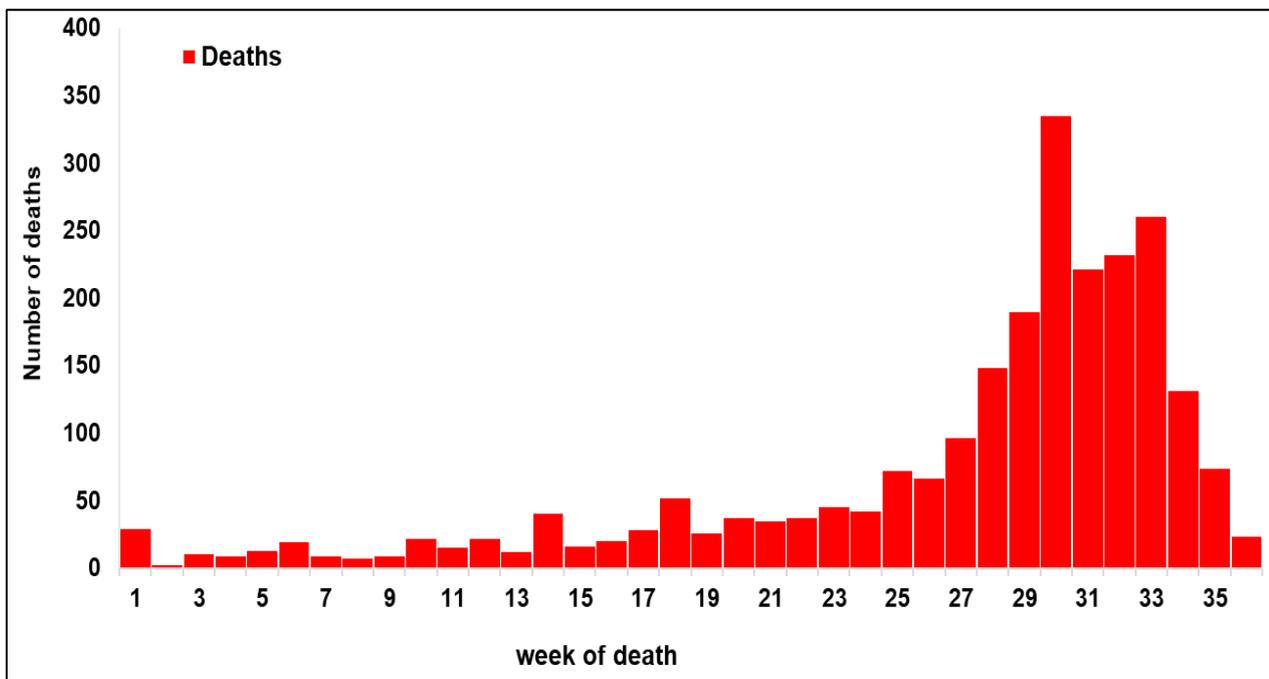


Figure 7: Trends in Deaths, week 1-36, 2021, Nigeria



**Table 6: Response activities**

<b>Pillar</b>	<b>Activities to date</b>	<b>Next steps</b>
<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 (FMEnvrt), 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>• 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>• 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 states for updates and support</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>	<ul style="list-style-type: none"> <li>• Planned distribution of additional 100 hygiene kits to affected states</li> </ul>

	<p>Federal Ministry of Water Resources (FMWR)</p> <ul style="list-style-type: none"> <li>• Continuous construction of sanitation and hygiene facilities with boreholes in cholera hotspots</li> </ul>	
<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> <li>• Reactive OCV campaigns were conducted in March at Agatu LGA, Benue State and in July at 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>	<p>Multi-sectoral State-level EOCs currently activated in Zamfara, Kaduna, Bauchi, Plateau, Kano, Enugu, Jigawa, Niger, Gombe, Sokoto, Katsina and the FCT</p>	<p>Continue supporting state response activities</p>

### 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 personnel in states for case 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 and support to states for data reporting and response
- 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 12<sup>th</sup> SEPTEMBER 2021**