



Cholera Situation Report

WEEKLY EPIDEMIOLOGICAL REPORT 14

Epi Week 37: 13 September – 19 September 2021

Key Points

Table 1: Summary of current week (Epi week 37, 2021)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
1,825	55	3.0%	15	50

Table 2: Cumulative summary from Epi week 1-37,2021

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
81,413	2,791	3.4%	29	341

Week 37 Highlights

- Twenty-eight 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, Rivers and Zamfara
- In the reporting week, 15 states reported **1,825** suspected cases - Zamfara (524), Bauchi (347), Yobe (302), Katsina (282), Borno (139), Adamawa (76), Kano (46), Jigawa (22), Kebbi (22), Gombe (22), Sokoto (13), Kaduna (12), Abia (12), Kwara (5) and Taraba (1)
- There was a **38% decrease in the number of new suspected cases** in week 37 (1,825) compared with week 36 (2,955)
- Zamfara (524), Bauchi (347), Yobe (302), Katsina (282) and Borno (139) account for 87.3% of 1825 suspected cases reported in week 37
- During the reporting week, 36 Cholera Rapid Diagnostic Tests (RDT) were conducted. RDT conducted were from Adamawa (18), Kaduna (11), Zamfara (2), Yobe (2), Abia (2) and Kwara (1). Of this, a total of 21 (58%) were positive by RDT
- A total of 10 Culture tests were conducted in Katsina (6), Adamawa (3) and Kaduna (1). Of this, two (20%) were positive
- Of the cases reported, there were 55 deaths from Zamfara (19), Adamawa (7), Yobe (7), Jigawa (6) Katsina (5), Borno (5), Kebbi (2), Bauchi (2), and Kwara (2) states with a weekly case fatality ratio (CFR) of 3.0%
- No new state reported cases in week 37 and Rivers was added to reflect the backlog in early reporting
- The national multi-sectoral EOC activated at level 02 continues to coordinate the national response

Cumulative Epi-Summary

- As at 19th September 2021, a total of 81,413 suspected cases including 2,791 deaths (CFR 3.4%) have been reported from 28 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 (19,309 cases), Kano (11,783 cases) and Jigawa (10,758 cases) account for 51% of all cumulative cases
- Ten LGAs across five states (Bauchi (4), Jigawa (2), Zamfara (2), Kano (1) and Katsina (1) have reported more than 1,000 cases each this year

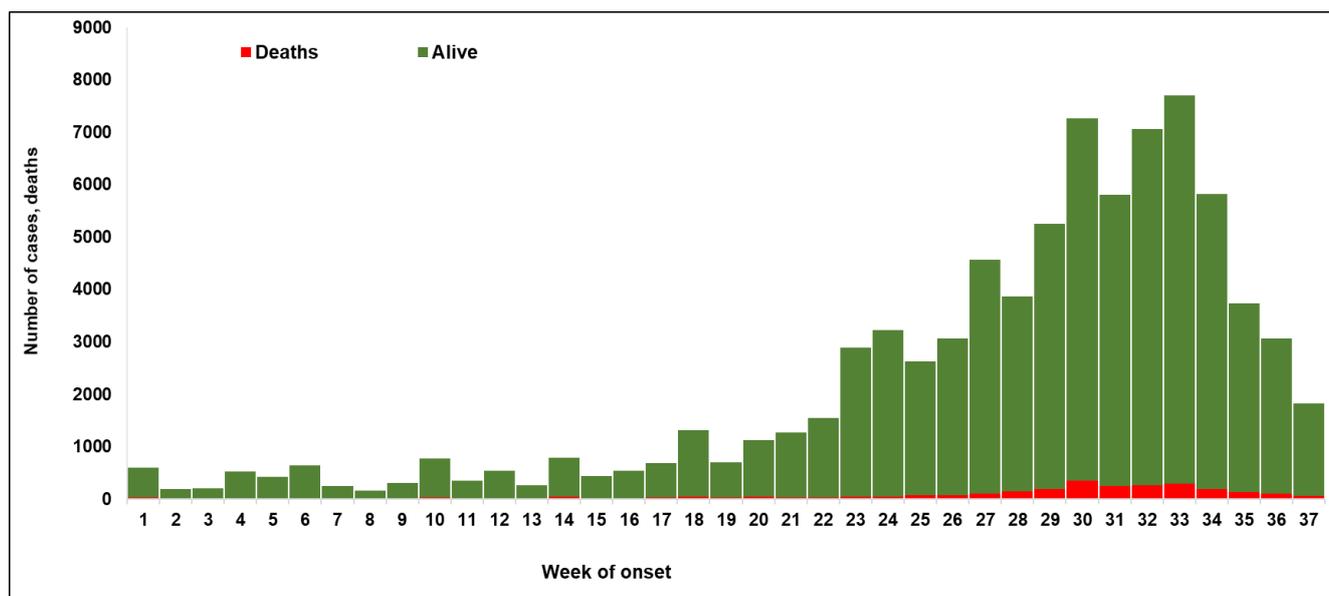
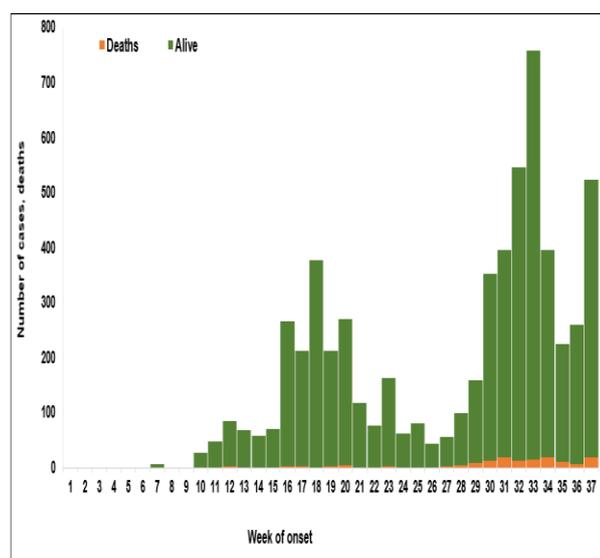
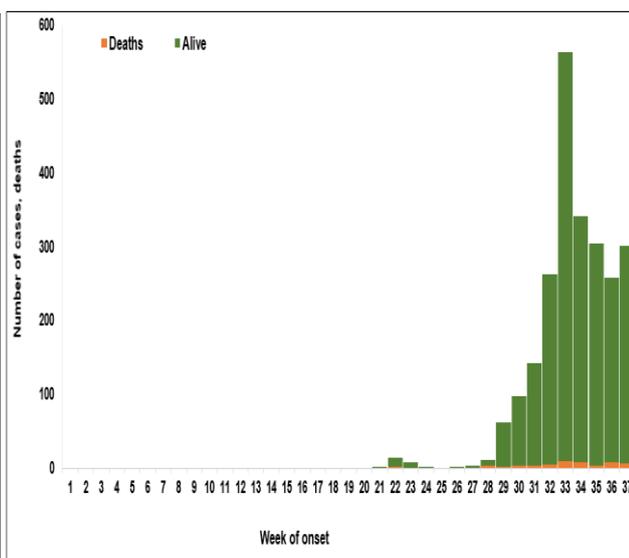


Figure 1. Epidemic curve of weekly reported Cholera cases, week 1 to week 37, 2021

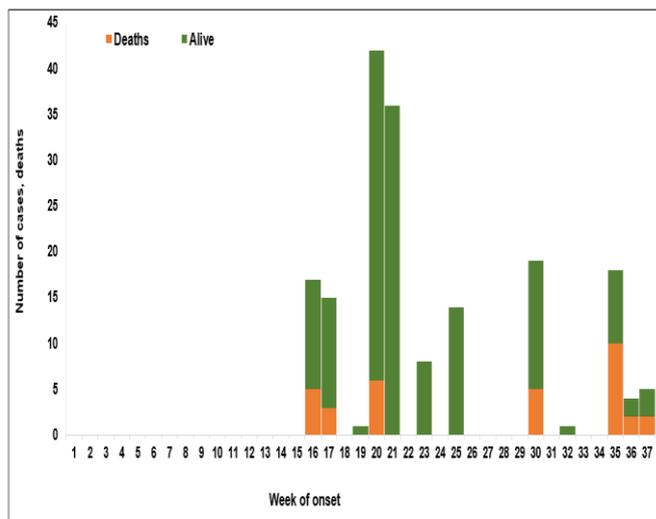
* 1773 was a backlog added to 1182 cases in week 36 making a total of 2955 cases



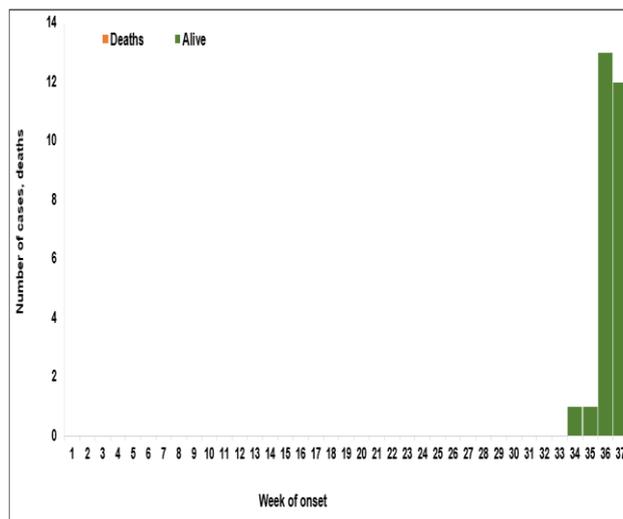
Zamfara State



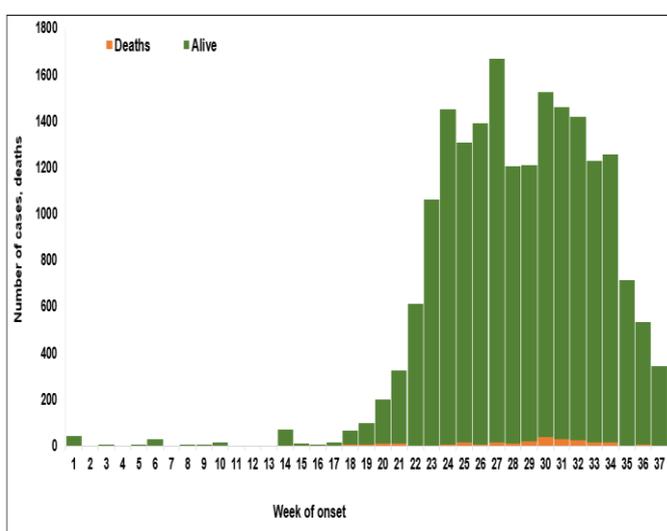
Yobe State



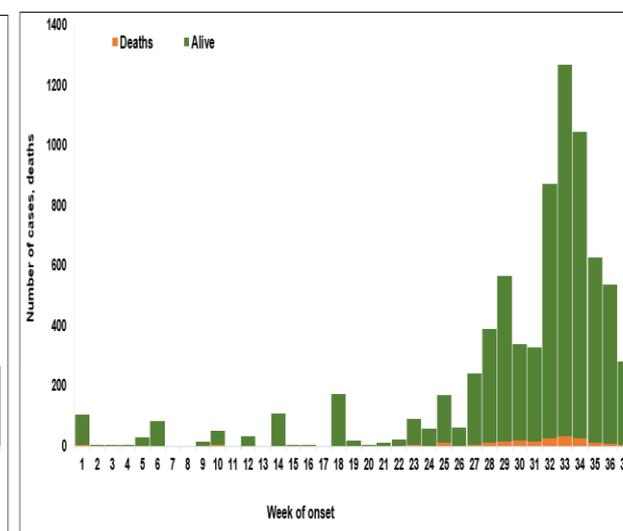
Kwara State



Abia State



Bauchi State



Katsina State

Figure 2. State epidemic curve of weekly reported cholera cases, week 1 to week 37, 2021

Table 3: Top 10 states in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Bauchi	19,309	24%	24%
2	Kano	11,783	14%	38%
3	Jigawa	10,758	13%	51%
4	Katsina	7,568	9%	60%
5	Sokoto	7,499	9%	69%
6	Zamfara	6,031	7%	76%
7	Kebbi	4,044	5%	81%
8	Yobe	2,382	3%	84%
9	Niger	2,266	3%	87%
10	Kaduna	2,047	3%	90%
Total		73,687	90%	

Table 4: Top 20 Local Government Areas (LGAs) in cumulative cases

No	LGA	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Bauchi	Bauchi	9271	11%	11%
2	Hadeija	Jigawa	2331	3%	14%
3	Dutse	Jigawa	2126	3%	17%
4	Sumaila	Kano	1923	2%	19%
5	Toro	Bauchi	1842	2%	21%
6	Funtua	Katsina	1707	2%	24%
7	Ganjuwa	Bauchi	1306	2%	25%
8	Tafawa Balewa	Bauchi	1066	1%	26%
9	Birnin Kudu	Jigawa	970	1%	28%
10	Dange-Shuni	Sokoto	945	1%	29%
11	Gwoza	Borno	876	1%	30%
12	Ningi	Bauchi	860	1%	31%
13	Bichi	Kano	837	1%	32%
14	Gwadabawa	Sokoto	773	1%	33%
15	Illela	Sokoto	721	1%	34%
16	Warji	Bauchi	691	1%	35%
17	Kaugama	Jigawa	670	1%	36%
18	Sokoto North	Sokoto	642	1%	36%
19	Amac	FCT	625	1%	37%
20	Dass	Bauchi	615	1%	38%
Total			30,797	38%	

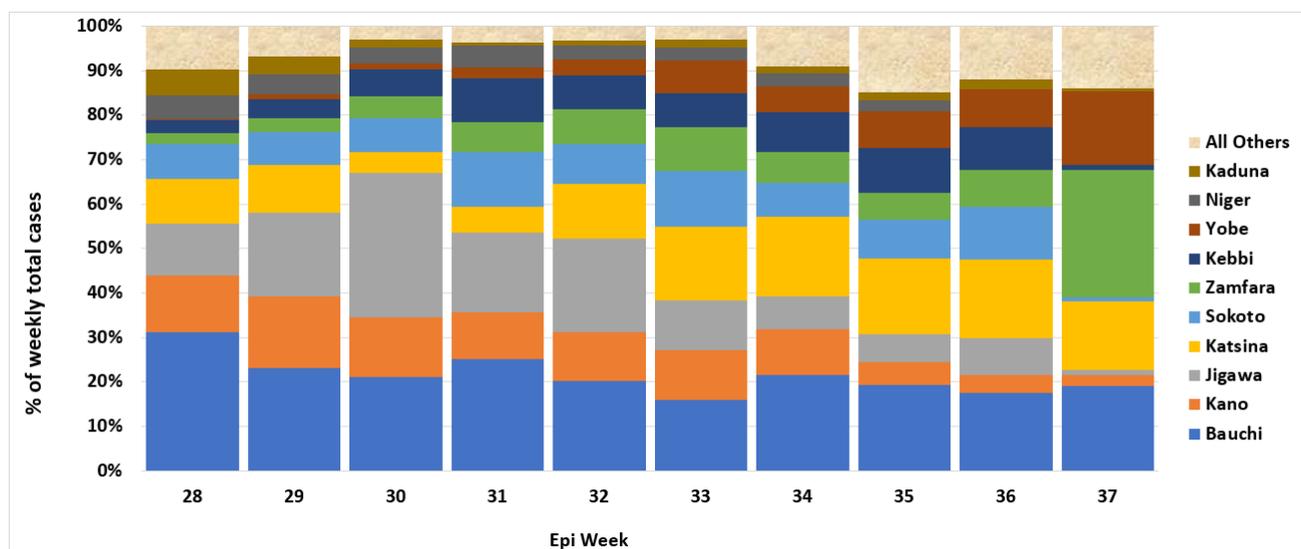


Figure 3. Percentage contribution of weekly cases by state in recent 10 weeks, week 27- 37, 2021

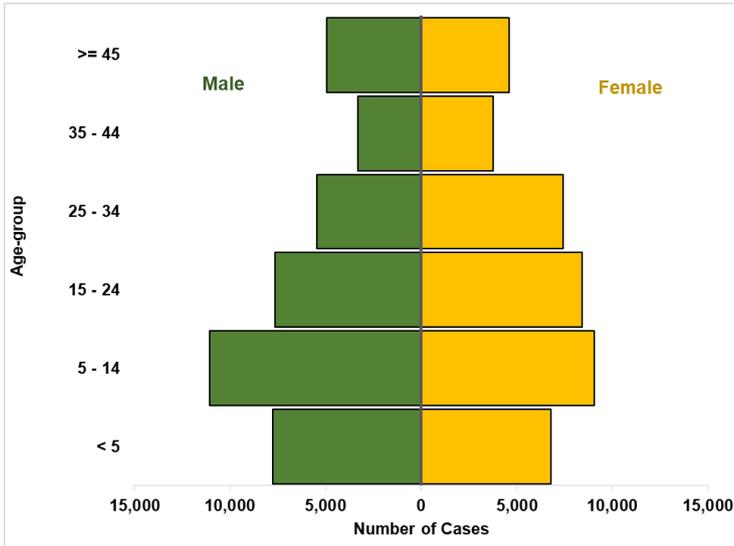


Figure 4. Age-Sex Pyramid for cumulative cholera cases, week 1-37, 2021: N=81,135

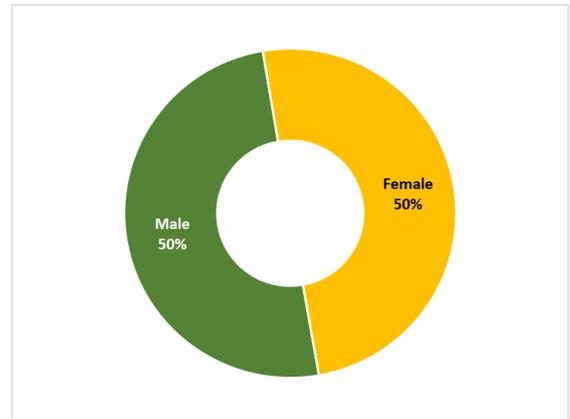


Figure 5. Sex disaggregation for cumulative cholera cases, week 1-37, 2021: N=81,135

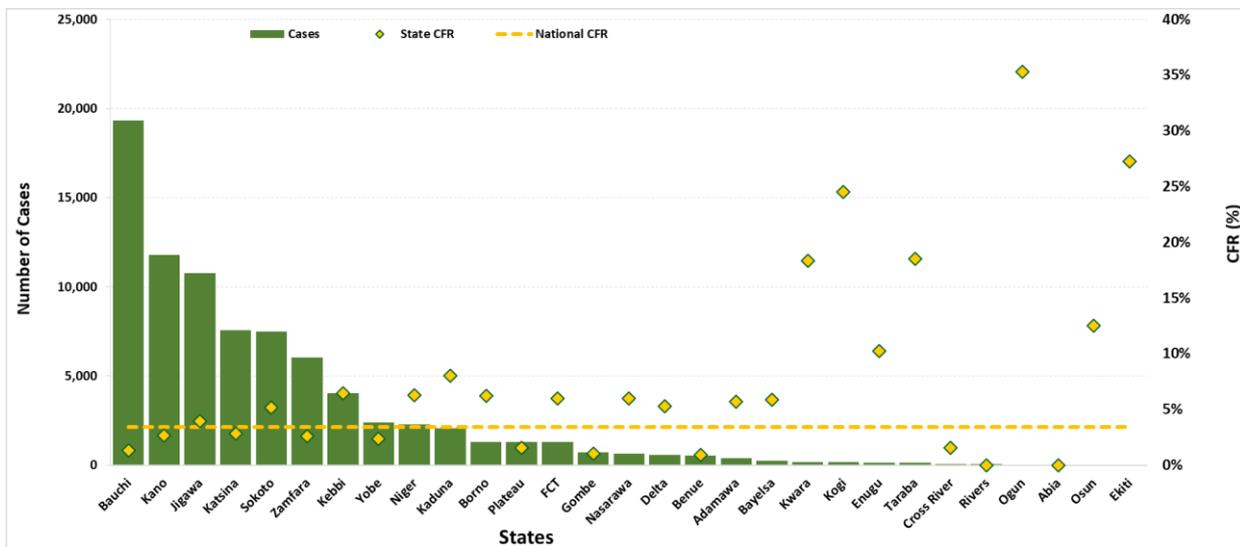


Figure 6: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1-37, 2021

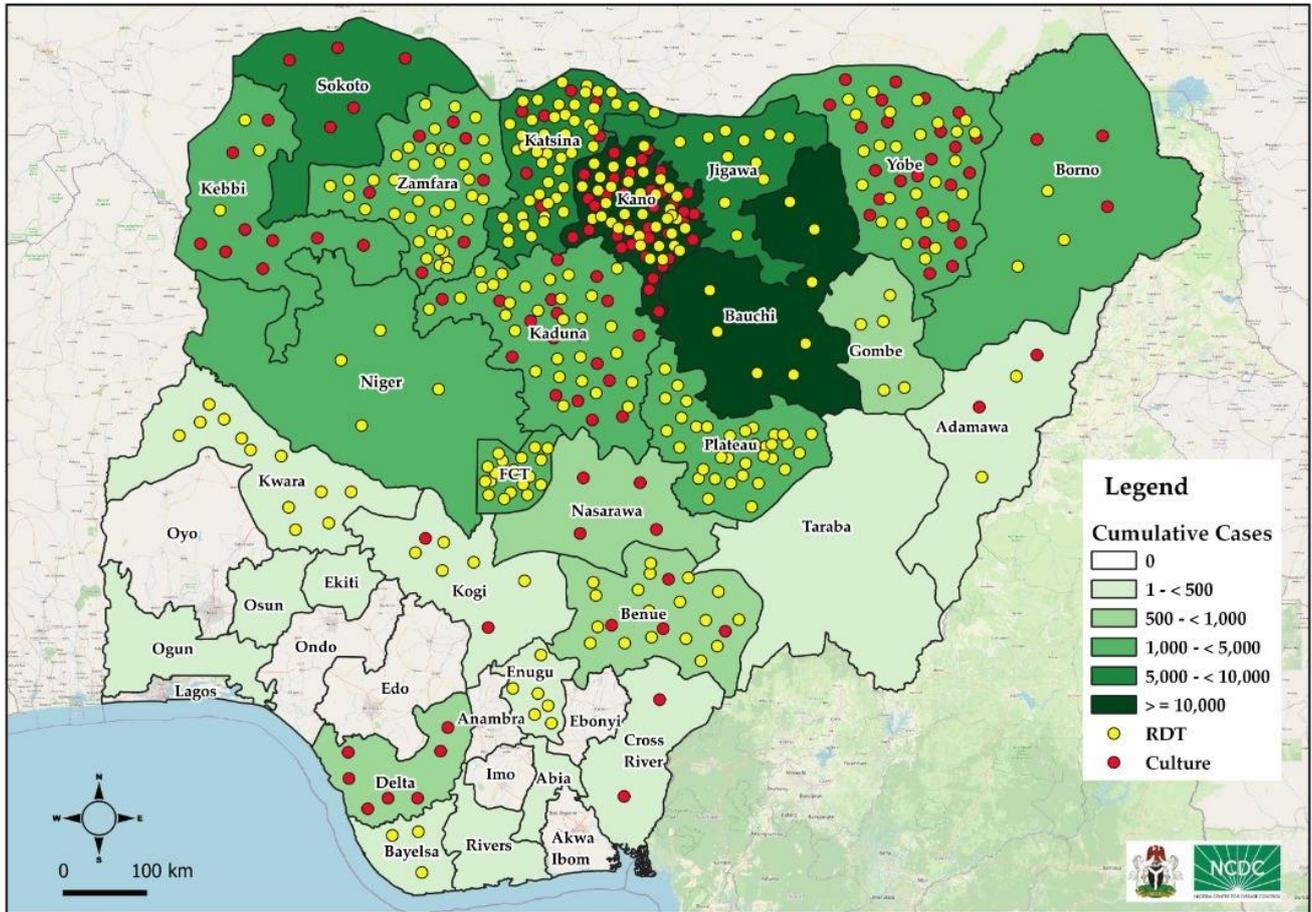


Figure 7. Map of Nigeria showing states with RDT + Culture confirmation and suspected cases, week 1- 37, 2021

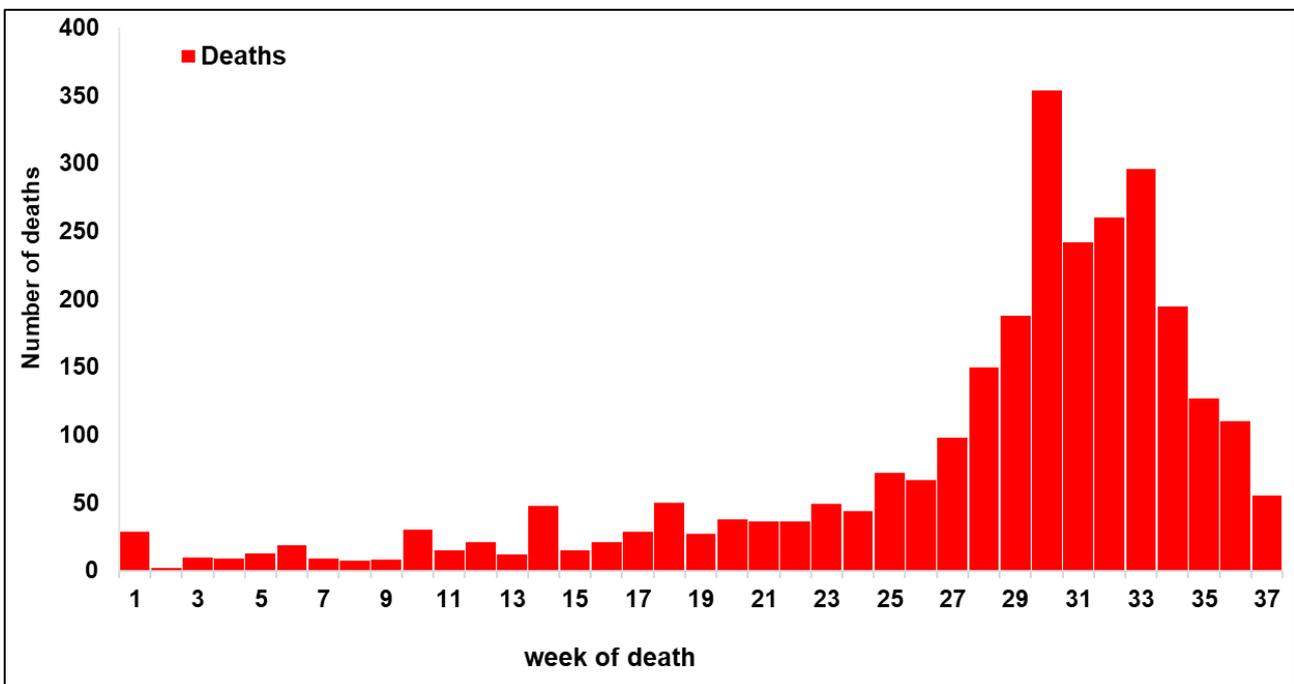


Figure 8: Trends in Deaths, week 1-37, 2021, Nigeria

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
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 states for updates and support
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 sub-national level training of 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 • National Youth Volunteer Programme on Clean Nigeria Campaign launched by FMWR 	<ul style="list-style-type: none"> • Continue distribution of hygiene kits to affected states

	<ul style="list-style-type: none"> • Continuous construction of sanitation and hygiene facilities with boreholes in cholera hotspots 	
Logistics	<ul style="list-style-type: none"> • 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 (led by NPHCDA)	<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, Adamawa, Borno 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 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 ≥ 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 19th SEPTEMBER 2021