



GLOBAL TASK FORCE ON
CHOLERA CONTROL

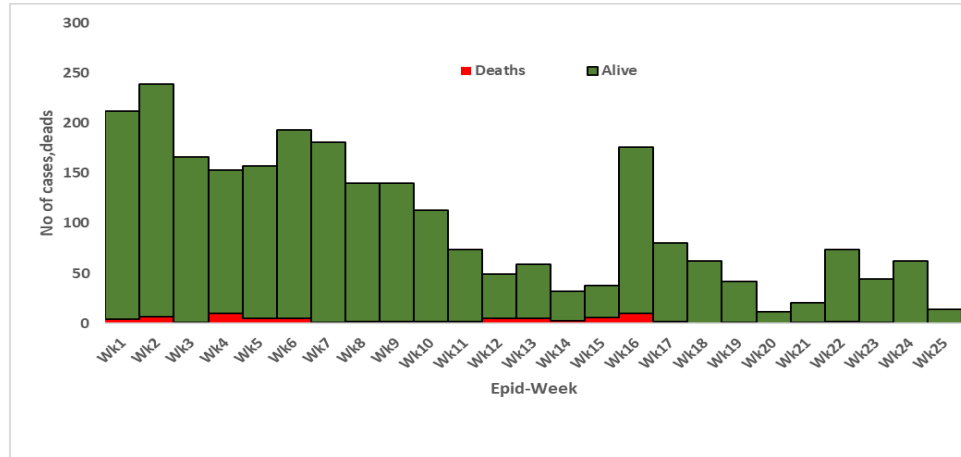
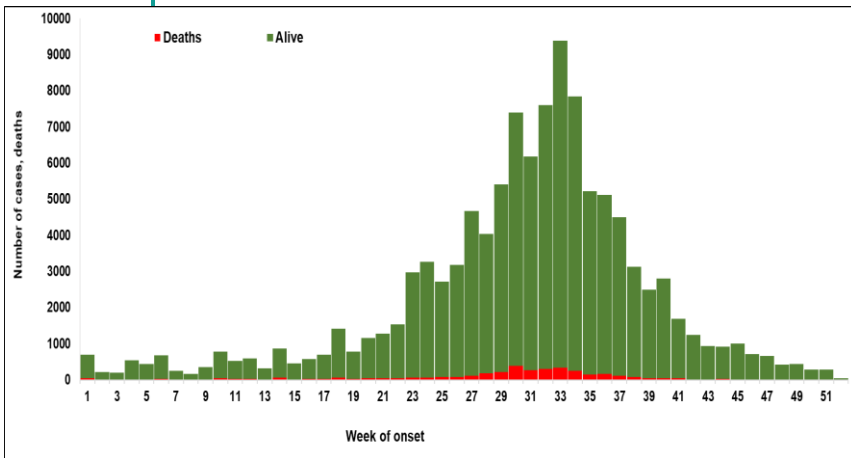
NIGERIA -

Sebastian Yennan - NCDC
James Onah - NPHCDA
Abel Augustinio - CSP/IFRC
Kumshida Balami - WHO
9th GTFCC Annual Meeting
27-28-29 June 2022

EPIDEMIOLOGICAL TREND OF CHOLERA OUTBREAK

Nigeria, Week 1-52, 2021

Nigeria, January 2022 – June 2022



2,530
SUSPECTED
CASES

77
(3.0%)
DEATHS

30
Reporting
States

141
LGAs

Table 1: Summary of current week (Epi week 52, 2021)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
46	0	0.0%	6	13

Table 2: Cumulative summary from Epi week 1 - 52, 2021

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
111,062	3,604	3.2%	34	435

Situational Update (January 2022 – June 2022)

- The national multi-sectoral cholera Technical Working Group continues to support affected states, intensifying Surveillance, Risk communication and WASH activities
- Reporting States:** Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ekiti, Gombe, Imo, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ondo, Osun, Oyo, Plateau, Rivers, Sokoto, Taraba and Zamfara
- Four states have reported more than 100 cases:**
 - Taraba, Cross River, Katsina and Kano

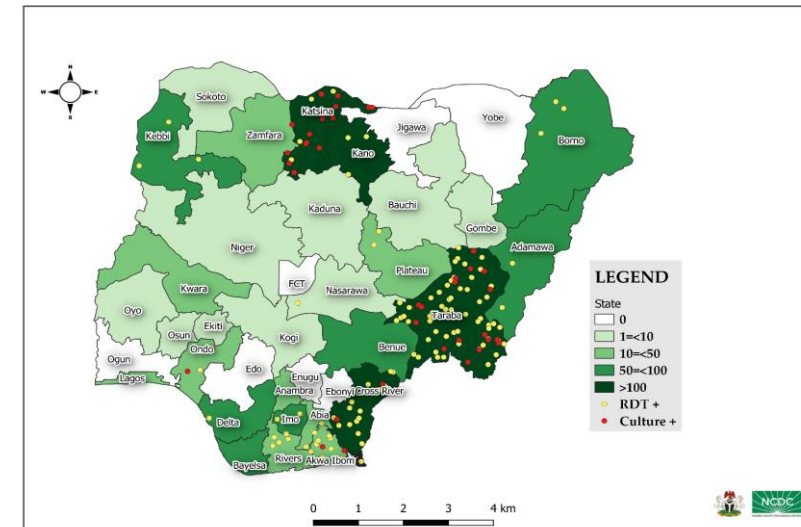
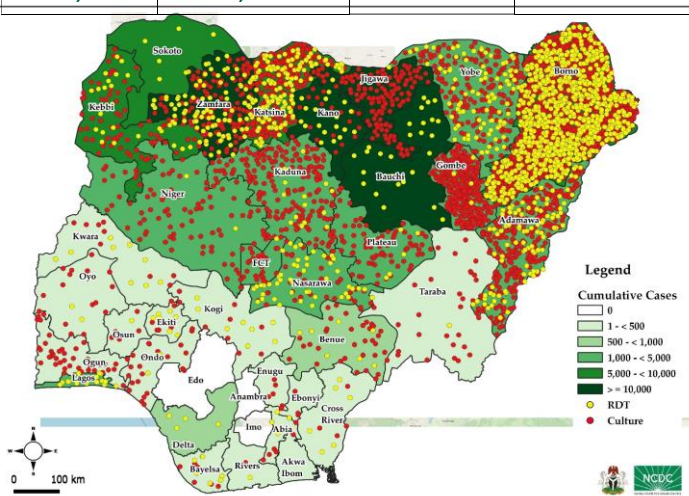
Situational Update (Week 1-52, 2021)

Top 10 states in cumulative cases

- Bauchi, Jigawa, Kano, Zamfara, Katsina, Sokoto, Kebbi, Borno, Yobe, Niger – With 94,886 cases and 85% cumulative in 2021

Top 15 Local Government Areas (LGAs) in cumulative cases

- Bauchi, Zurmi, Anka, Shinkafi, Funtua, Gusau, Sumaila, Toro, Maiduguri, Ganjuwa, Tafawa Balewa, Gwandabawa, Dange-Shuni, Damaturu, Ningi – Cumulated, 32,865 with 30% cases in 2021



STATUS OF OCV REQUESTS/CAMPAIGNS



STATE OF NATIONAL CHOLERA PLAN

- The first draft National Strategic Plan of Action on Cholera Control (NSPACC) was developed in 2018 based on 2012 – 2017 hot spot cholera mapping
- Main objective is - To reduce the burden of Cholera in Nigeria by 80% by the year 2030
- Review of NSPACC covering the period 2023-2027 ongoing, expected submission to IRP in November 2022
- Nine pillars with technical working groups established and active
- National cholera hotspot mapping and analysis for 5 years ending 2021 completed
- First National stakeholders meeting to review current NSPACCC completed
- High interest and commitment from government agencies towards cholera control and elimination efforts

ACHIEVEMENTS

- Enhanced advocacy to states on strengthening WASH and launched nationwide aggressive cholera risk communications campaigns
- Effective utilisation of Incident Coordination Centre and State Emergency Operations Centres to coordinate response in the country
- Developed medium-term strategy for the oral cholera vaccination campaign in hotspots
- Improve diagnostic capacity for cholera through a network of public health laboratories and enhance the capacity of the National Reference Laboratory for cholera sequencing
- Improve data management systems with case-based surveillance using IDSR and SORMAS tool
- Developed capacity of healthcare workers and Disease Surveillance and Notification Officers for reporting cases
- Improve supply chain of rapid diagnostic test kits and reagents to laboratories
- Supporting states with case management commodities
- Developed case management guidelines and treatment protocol
- Reviewed the National Cholera Plan (NCP)
- Created the Sub-national Support Department (SSD)
- State cholera outbreak response team trainings



CHALLENGES

Poor political will, commitment and support especially at sub-national levels

Poor involvement of community leaders to positively influence cholera outbreak control

Poor collaboration among relevant cholera stakeholders (State Ministry of Health, Environment, Water Resources, Education and Partners)

Inadequate Water, Sanitation & Hygiene infrastructure

Poor access to safe water supply especially in the rural areas and urban slums

Open defecation

Difficulty in accessing some communities due to security concerns (Insurgencies, bandits, communal conflicts)

Hard to reach communities (Difficult terrain)

Poor and inconsistent reporting from states

Inadequate trained manpower for Cholera outbreak, detection, investigation and management

Inadequate procurement and pre-positioning of cholera preparedness and response commodities

Inadequate vaccines for areas with outbreaks

Inadequate health facility infrastructure and cholera commodities/fluids for case management

Lack of cholera outbreaks After Action Review (AAR) Meetings

PRIORITIES FOR 2022-23

Increased collaboration with State Ministry of Health, Environment, Water Resources, Education and PARTNERS

Identification of community leaders to positively influence cholera outbreak control

Implementation of National Cholera plans and strengthening capacity of all pillar's
Frequent chlorination of public waterworks & wells

Strengthen laboratory diagnosis and networking and ensure regular laboratory reagents and medical commodities

Sustain the prompt use of OCV in epidemic setting & risk groups

Establish Cholera focal points at Federal, State, LGAs and Health facilities

Intensify campaigns against open defecation

Implementation of 3 years vaccination plan; 2022 – 2024 (approx. 10 million doses per year)

In depth studies to prepare for Phase 2 of preventive OCV campaigns

Thank you

Together we can
#endcholera



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