

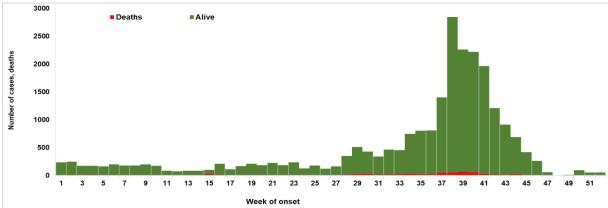
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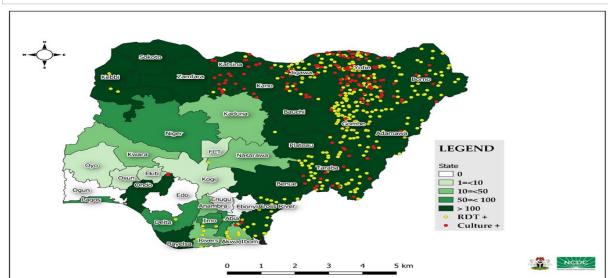
Nigeria
Sebastian Yennan – IM Cholera
10th GTFCC Annual Meeting
26-27-28 June 2023

1. UPDATE ON CHOLERA EPIDEMIOLOGICAL SITUATION

Cumulative summary from Epi week 1 - 52, 2022

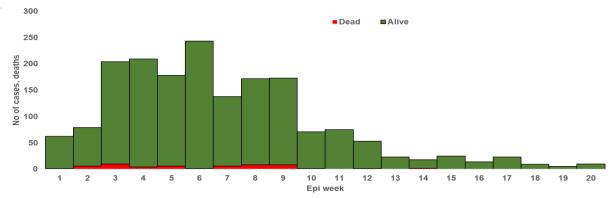
Suspe	ected	Deaths	Case Fatality	States	LGAs
Cas	ses	(Suspected cases)	Ratio (%)	Reporting Cases	Reporting cases
237	763	592	2.5%	33	271





Cumulative summary from Epi week 1 - 20,2023

Suspected	Deaths (Suspected cases)	Case Fatality	States	LGAs
Cases		Ratio (%)	Reporting Cases	Reporting cases
1824	61	3.3%	23	89



No	LGA	State	Cases	% of cumulative cases	Cumulative % of total Cases
		Cross			
1	Obubra	River	515	40.0%	28.2%
2	Gusau	Zamfara	169	13.1%	9.3%
3	Ikwo	Ebonyi	146	11.3%	8.0%
4	Abi	Cross River	80	6.2%	4.4%
5	Umuahia North	Abia	69	5.4%	3.8%
6	Yenagoa	Bayelsa	69	5.4%	3.8%
7	Southern Ijaw	Bayelsa	56	4.3%	3.1%
8	Afikpo North	Ebonyi	43	3.3%	2.4%
9	Ikom	Cross River	43	3.3%	2.4%
10	Mokwa	Niger	38	2.9%	2.1%
11	Bungudu	Niger	33	2.6%	1.8%
12	Ishielu	Ebonyi	28	2.2%	1.5%
	Total		1289	100%	70.7%

2. NATIONAL STRATEGY FOR CHOLERA CONTROL AND PREVENTION

- •Established a multi-sectoral Cholera Technical Working Group (Health & WASH sectors)
- Ingoing development of a National Cholera Plan (Held NCP validation workshop)
- Ongoing development of a national cholera diagnostic guideline
- •Ongoing development of a national cholera case management guideline
- •Cholera detection capacity strengthened by IDSR, SORMAS, National Reference Laboratory and 23 network of subnational laboratories
- Conducted cholera hotspots risk mapping
- •Establishment of Sub-national PHEOCs and ongoing trainings on PHEM
- •Nigeria submitted request to GTFCC in December 2021. Got approval in February 2022 for 9.96 million doses of OCV. Only approx. 1,030,000 doses was received and used in 3 hotspot LGAs in Kano State
- •Conducted forecasting and quantification workshop for the 2023 cholera response commodities
- •Supporting states with supplies, testing, outbreak response and RCCE
- Presidential declaration for Open Defecation Free (ODF) LGAs by 2025
- Developed capacity for cholera genomic sequencing
- •Nigeria has committed to upgrading the leadership and coordination role to the office of the Vice President

3. KEY ACHIEVEMENTS AND SUCCESS FACTORS

	KEY ACHIEVEMENTS	Success Factors
i. ii.	Successfully held the NCP validation workshop Ongoing development of cholera case management and diagnostic guidelines (workshops)	Supported by the Country Support Platform (CSP) Supported by WHO and the CSP
iii	Developed the 2023 cholera response commodities quantification Conducted OCV reactive campaigns in 3 LGAs of Kano State	WHO supported Existing GTFCC approval
v	Conducted Public Health Emergency Management (PHEM) trainings in 20 States Supporting states with cholera response commodities	Existence of SPHEOCs Continous state engagement through the Cholera TWG
vii viii	Developed the national WASH guideline in HFs 102 LGAs now ODF	Improved Ministerial commitment towards disease prevention Enhanced states engagement on WASH

4. CHALLENGES AND WAY FORWARD

CHALLENGES		Solutions	REMAINING OBSTACLES
i.	Inadequate sub-national level engagements for the NCP development	High level advocacy to states	Funding
ii	Poor existing WASH infrastructures	Increase investment in WASH	Funding
iii	Inadequate global stockpile for OCV	Increase supply of OCV	Availability
iv	Continuos cholera outbreaks	Readiness and Preparedness capacity	Funding
٧	Open defecation	Increase investment in WASH	Funding

4. PRIORITIES JUNE 2023-24

- Launch the National Cholera Plan and commence implementation with high level advocacy visits to hotspot states
- •Print and distribute the cholera case management and diagnostic guidelines
- •Increased OCV preventive and reactive campaigns
- Increased ODF LGAs
- •Establishment of multi-sectoral emergency coordination mechanism in the hotspots LGAs
- •Trained RRTs and adequately equipped with logistics to enable them to be deployed within 24 hours of notification of cholera alert
- •Involvement of private health facilities in cholera surveillance in at least 80% of hotspots
- •Trained community volunteers on cholera surveillance and reporting in at least 80% of the hotspots
- •At least 80% of high-risk LGAs have key messages on cholera in local languages
- •Trained staff on safety and IPC procedures in the field for sample collection, packaging, labelling, transfer and transport
- •At least 80% of high-risk LGAs have staff trained and available for managing cholera cases
- •100% of high-risk LGAs with guidelines, protocols and other monitoring tools for cholera case management
- Procurement and prepositioning of cholera supplies



ANNEXE: ASSESSING PROGRESS AGAINST ROADMAP'S TARGETS

Indicator (please refer to the NCP guiding document, Monitoring and Reporting section)	Status (please indicate when information/data is not available)	Comment (please share any additional element that may help understand the information provided or the lack of data available)
Indicator 1 – Proportion of the NCP which is funded through domestic and external funding	NCP not completed	
Indicator 2 – Number of multisectoral meetings held annually by the NCP coordination body	Cholera TWG meets every 2 weeks	
Indicator 3 — Incidence rate of suspected cholera	Sporadic in hotspots	
Indicator 4 – Proportion of cholera signals verified within 48 hours of detection	40%	
Indicator 5 — Proportion of peripheral health facilities (PHF) located in cholera hotposts with access to functional lab.	NA	
Indicator 6 — Number of deaths from Cholera	592 (2022), 61 (2023)	
Indicator 7 — Case Fatality ratio in treatment centres	2.5% (2022), 3.3% (2023)	

Indicator (please refer to the NCP guiding document, Monitoring and Reporting section)	Status (please indicate when information/data is not available)	Comment (please share any additional element that may help understand the information provided or the lack of data available)
Indicator 8 – Proportion of the population living in hotposts who have access to ORS within a 30-min. walk from their home	NA	
Indicator 9 – OCV administrative coverage in hotpost areas vaccinated (over the preceding 12 months)	104% from 3 hotspot LGAs	
Indicator 10 – Proportion of hotspots targeted by the vaccination plan (in the reporting year) that have been vaccinated	21% (3 out of 14 LGAs)	
Indicator 11 – Proportion of emergency versus total OCV doses administered (over the preceding 12 months)	1,030,000 doses administered	
Indicator 12 – Proportion of people with access to safe water in hotspots	NA	
Indicator 13 – Proportion of people with access to sanitation in hotspots	NA	
Indicator 14 – Proportion of people with access to hygiene in hotspots	NA	
Indicator 15 – Proportion of trained focal points to support community engagement and cholera prevention and treatmen per inhabitants in hotspots	NA	
Indicator 16 – Proportion of the population in hotspots who have correct knowledge on cholera prevention in communities	NA	