



Nigeria Centre for Disease Control and Prevention
Protecting the health of Nigerians

National Cholera Case Management Updates

Nigeria

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Nigeria Centre for Disease Control and Prevention (NCDC)

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Outline

- Introduction
- Disease Surveillance in Nigeria
- Cholera reporting system and data and reporting tool(eIDSR) – **IDSR**
- Cholera Case Management Updates – **Data speaks**
- Achievements, Challenges & Mitigation
- Next steps

Nigeria, Our Country

Form of Government



Federal Republic with
36 states and an FCT

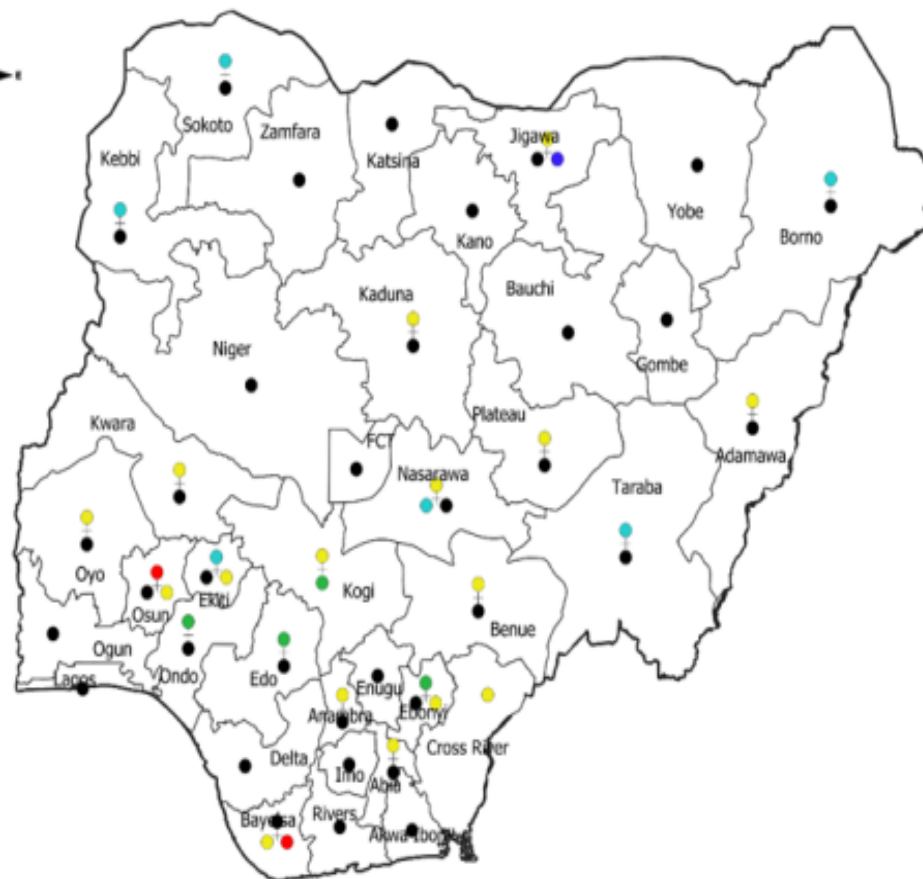
Population

Est. over
200 million



Diversity

More than **250**
ethnic groups, **380**
languages, and a
diverse range of
cultural and religious
practices



Disease Incident

- Cholera
- CSM
- Lassa Fever
- Measles
- Monkey Pox
- Yellow Fever
- Covid -19
- State
- Country



Investment

Recent Budget
allocation **4.2%**
(as at 2020)



Life Expectancy

54 (as at 2019)



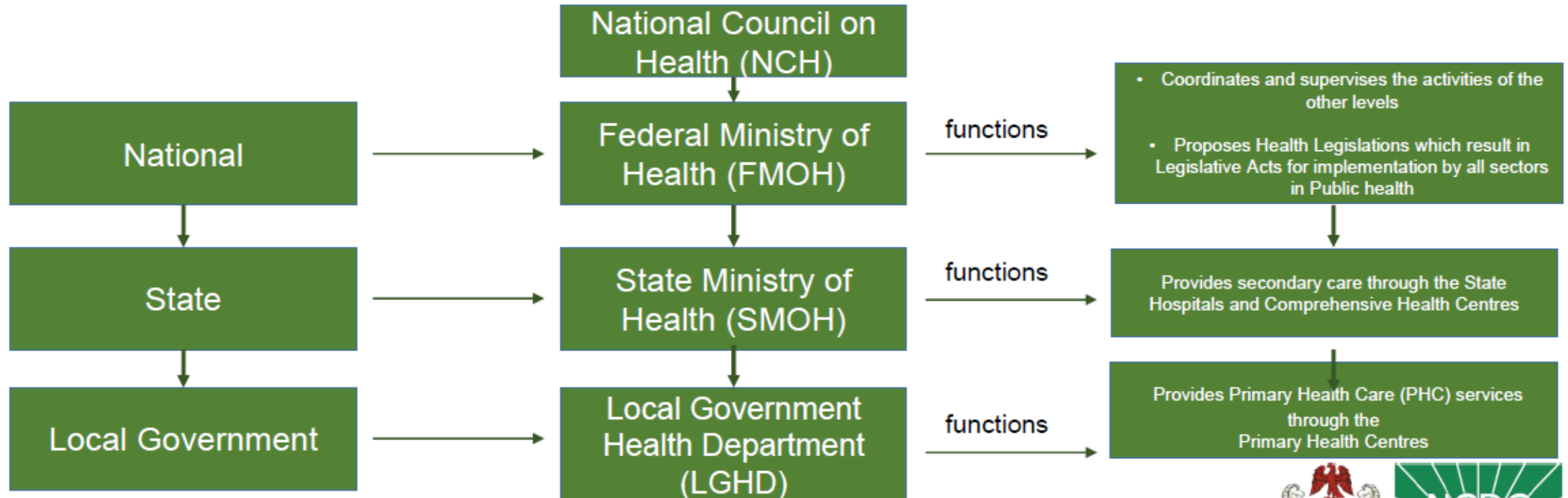
Health Sector

Headed by FMOH. A
collaborative effort of Nigerian
Government, Donor Agencies
and NGOs



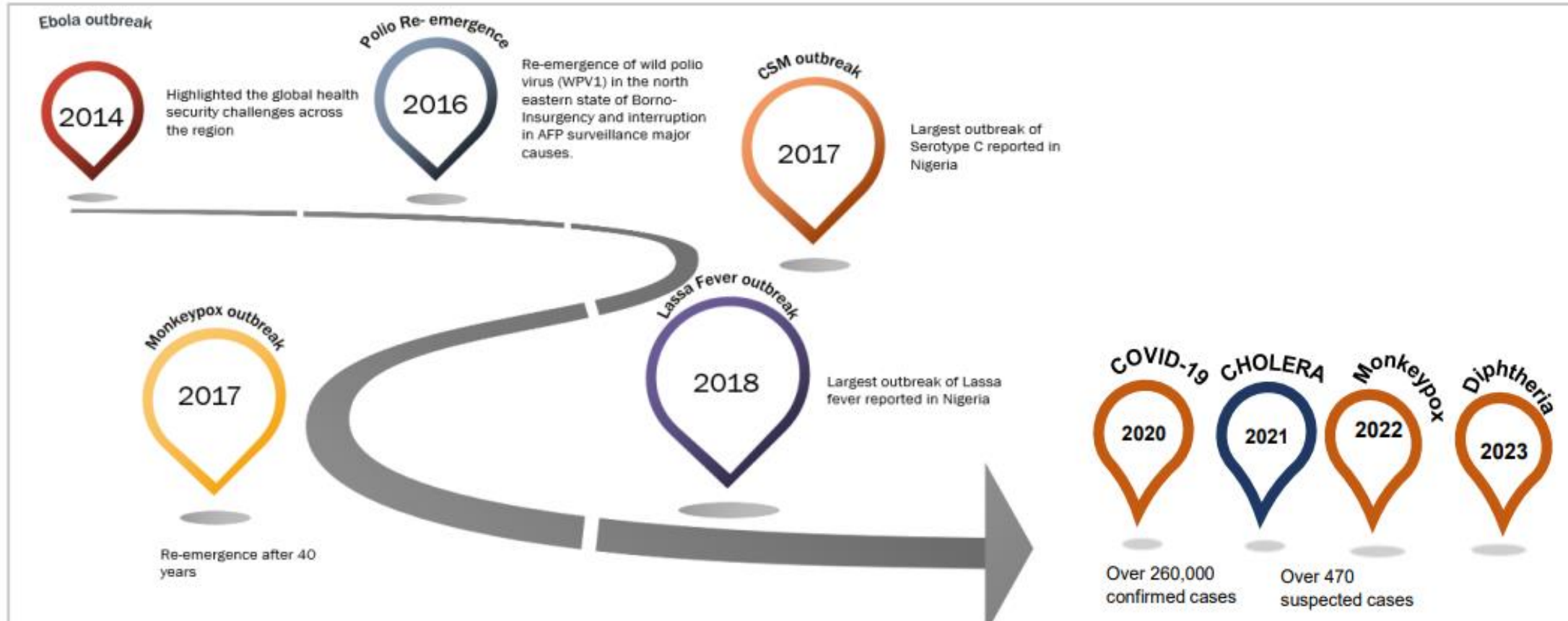
The Nigeria Public Health System

- Is organized in a three-tier basis; National, State and Local Government
- The National Council on Health(NCH) is the highest policy-making body on health in the country
- It comprises of the Minister of Health at the Federal level (chairman). all the State Commissioners of Health; and the Permanent Secretaries of the Ministries of Health

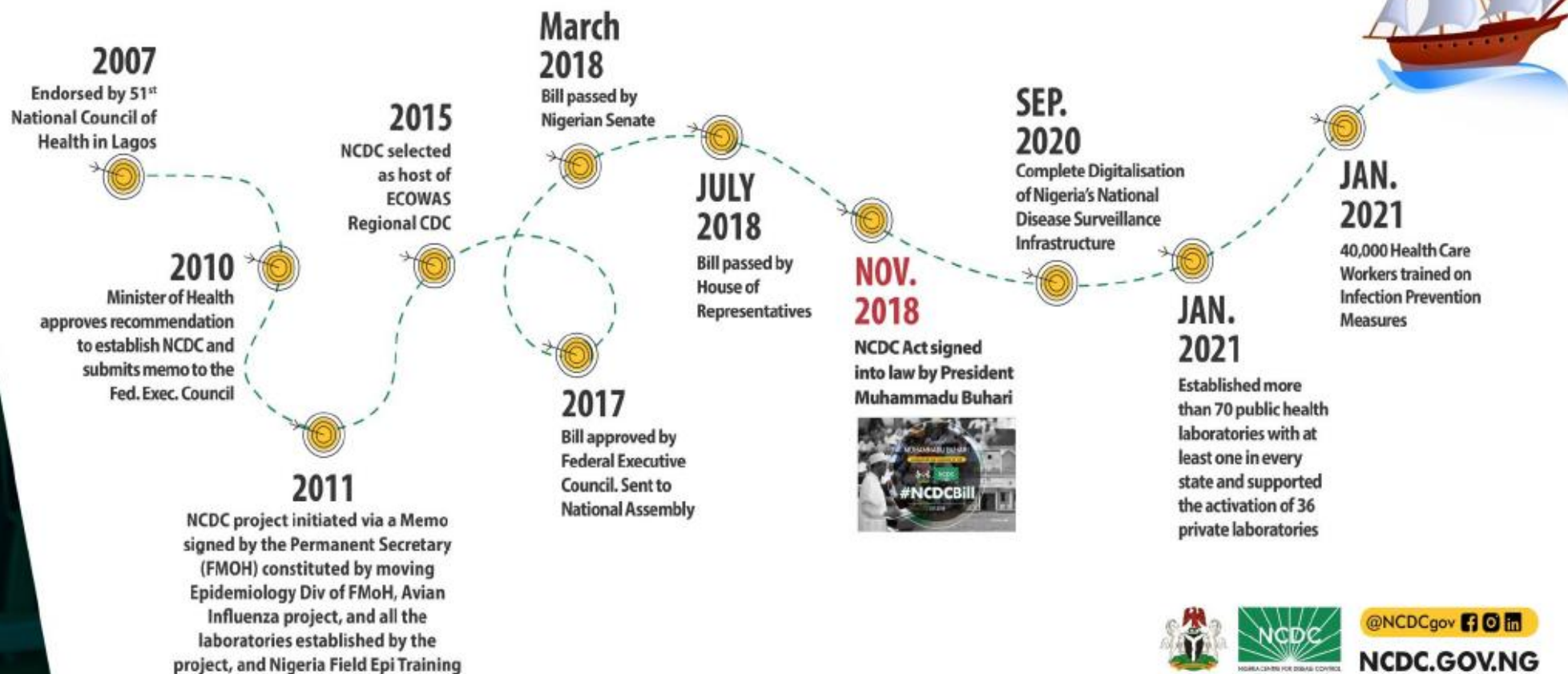


Public Health Diseases in Nigeria

- **Communicable and infectious diseases** are the major health problem in Nigeria



History of NCDC



ABOUT NCDC

The Nigeria Centre for Disease Control is the country's national public health institute, with the mandate to lead the preparedness, detection and response to infectious disease outbreaks and public health emergencies.

Mission

"To protect the health of Nigerians through evidence based prevention, integrated disease surveillance and response activities, using a one health approach, guided by research and led by a skilled workforce."

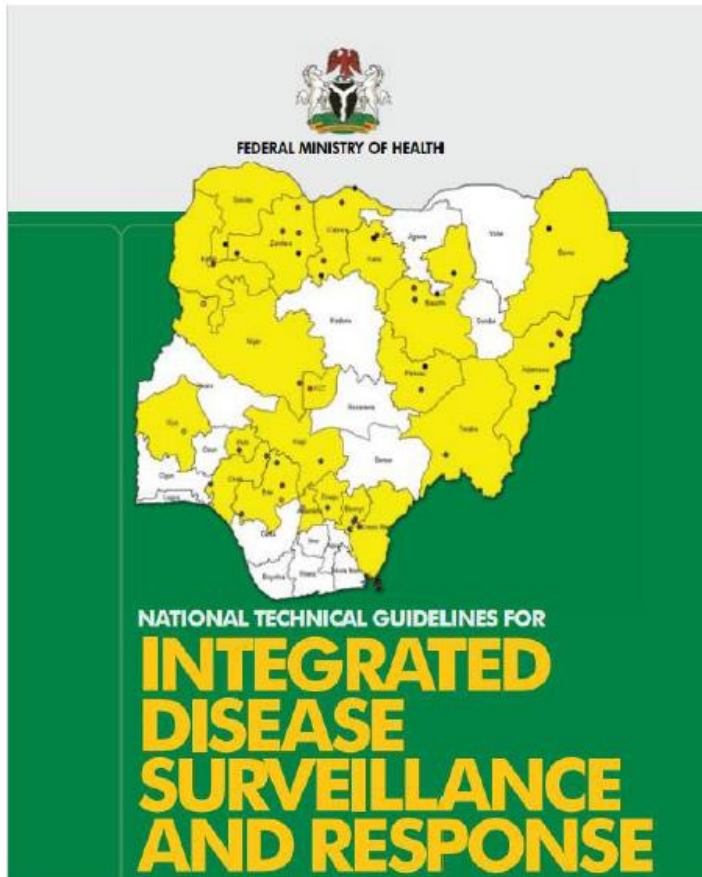


@NCDCgov

NCDC.GOV.NG



Nigeria's Policies Targeting Health Security - IDSR



The IDSR guideline was developed to guide the collection, collation, analysis and communication of data for diseases of public health importance in Nigeria.

This ensures that data is collected and used for public health action

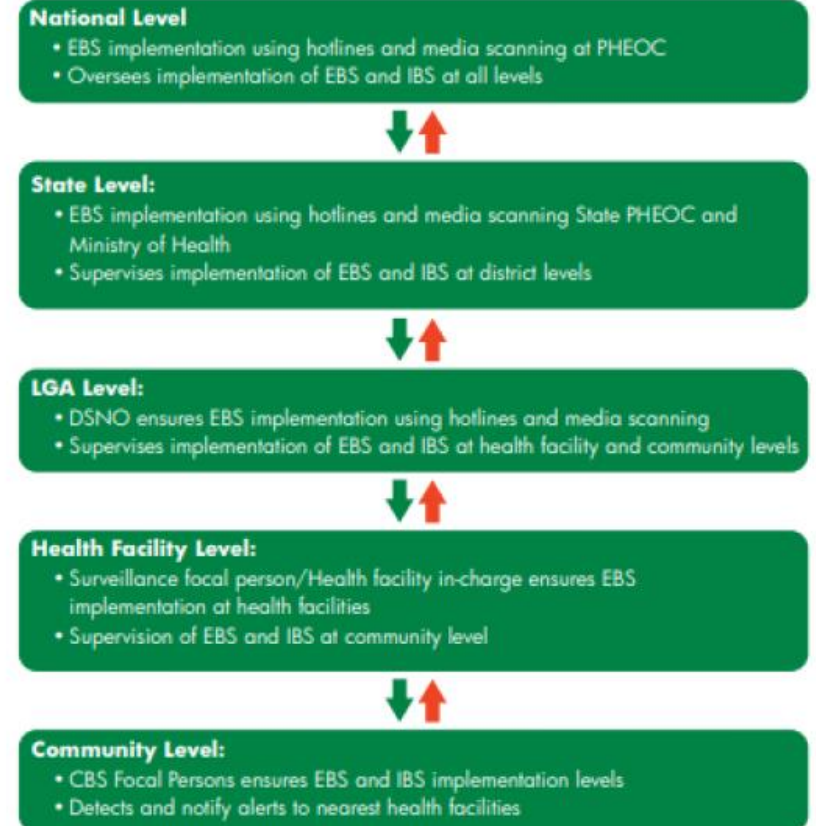


Figure 2: Levels of application and reporting of EBS and IBS in the context of IDSR

Evolution of IDSR Guidelines

1998

IDSR

Adopted strategy for public health surveillance in the WHO-AFRO Region

2002

**1st
Edition**

**Epidemic prone diseases
Disease targeted for elimination and eradication
Diseases of public health importance**

2010

**2nd
Edition**

**Non communicable diseases
Public health emergencies of international concerns (IHR 2005)**

Evolution of IDSR Guidelines Cont'd

2019

**3rd
Edition**

**Emerging and re-emerging diseases
Situations and needs of member states
Lessons from outbreaks and emergencies
New strategies and policies
Advancement of technology**

Evolution of IDSR.....contd

IDSR technical guidelines 2019 (3rd Edition)

New areas include

- Disaster risk management
- Points of Entry and IDSR
- Risk Communication
- Electronic reporting (e-IDSR)

Elaborates more on

- Event based surveillance
- Community-based surveillance
- IDSR in One health concept

Key principles of IDSR

Integration

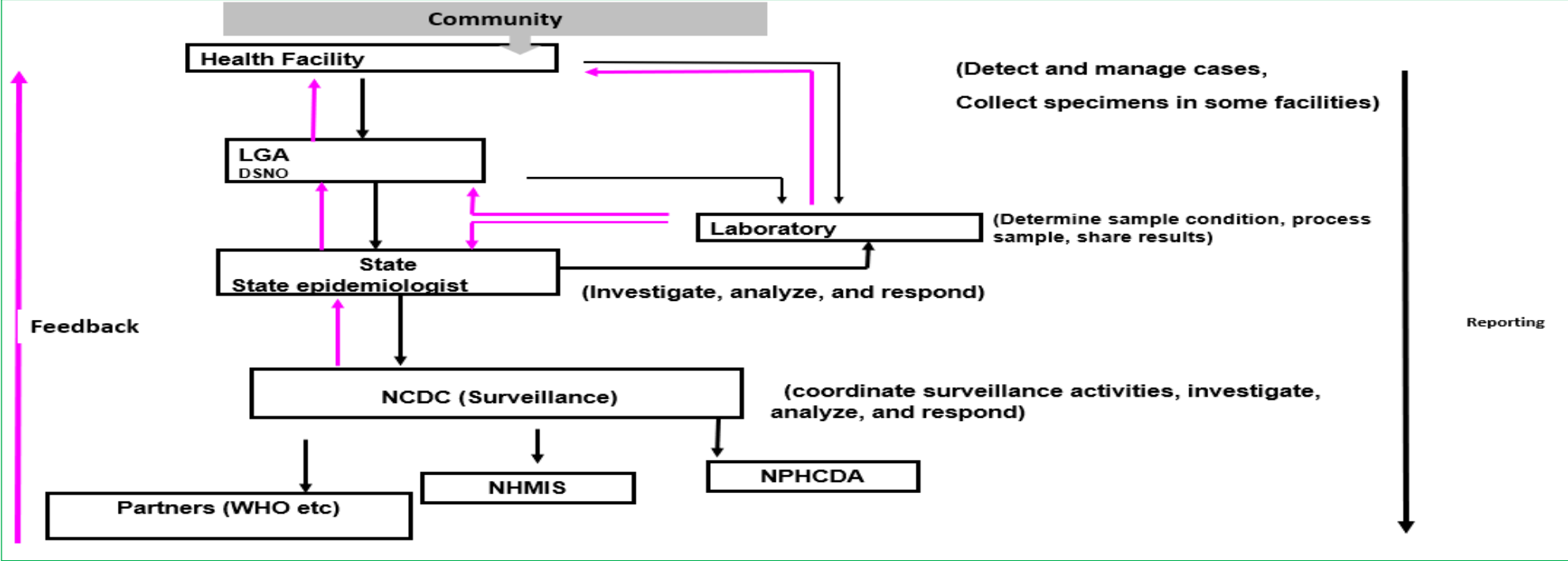
- Harmonizing different methods and tools to prevent inconsistent information
- Maximizing efforts among all disease prevention and control programmes and stakeholders

Coordination

- Working together effectively for the rational and efficient use of available but limited resources and various disease programs

Cholera Reporting System and Data Tools

IDRS



Line List, Case Based Reporting

/Num	Epid No.	State	LGA	Ward	Settlement	First Name	Surname	Age (in years) If greater than 1yr	Age Group	Gender (M/F)	Date of Onset	Epi Week	Date Seen at HF (dd-mmm-yyyy)	Reporting Health Facility	Inpatient / Outpatient	Received OCV (Yes/No)	No of OCVs received	Date of admission	Level of dehydration	Specimen taken (Yes/No)	Date of Sample Collection (dd-mmm-yyyy)	RD Result	Culture Result	Serotype	Outcome	Date of Death	Date of discharge (dd-mmm-yyyy)	Remark/comment
1																												
2																												
3																												
4																												
5																												



Overview of SORMAS

- The Surveillance Outbreak Response Management and Analysis System (SORMAS) is mobile e-health system - **digitization of the IDSR**
- Used for rapid collection, reporting and analysis of disease/events data in real-time for appropriate public health action
- Exists on two platforms: a Mobile application for offline entry in communities with poor internet access and a web application for supervision and monitoring of activities
- Has modules covering monitoring and analysis of data, case investigation, contact tracing, Event-based surveillance, case management and sample testing

Advantages of SORMAS

- SORMAS has the potential of achieving the following :
- Standardization of data
- Improved timeliness and completeness of reporting
- Early detection, investigation, and response to outbreak or public health events
- Reduced manual data entry (from paper to Microsoft Office packages) which is prone to errors
- Rapid transmission of data
- Better management of data through provision of secure data storage
- Automated generation of Data visualizers (graphs, charts and maps)
- Improved quality of data

Cholera case management on SORMAS

The SORMAS platform allows a comprehensive report of case management data with the availability of forms for capturing

- pre-existing conditions
- Prescriptions
- execution of prescriptions
- Daily vitals of patients

Cholera case management on SORMAS

Pre-existing conditions

Tuberculosis	YES NO UNKNOWN	Chronic heart failure	YES NO UNKNOWN
Asplenia	YES NO UNKNOWN	Chronic pulmonary disease	YES NO UNKNOWN
Hepatitis	YES NO UNKNOWN	Renal disease	YES NO UNKNOWN
Diabetes	YES NO UNKNOWN	Chronic neurological/neuromuscular disease	YES NO UNKNOWN
Immunodeficiency other than HIV	YES NO UNKNOWN	Cardiovascular disease including hypertension	YES NO UNKNOWN
HIV	YES NO UNKNOWN	Obesity	YES NO UNKNOWN
Congenital syphilis	YES NO UNKNOWN	Current smoker	YES NO UNKNOWN
Down syndrome	YES NO UNKNOWN	Former smoker	YES NO UNKNOWN
Liver disease	YES NO UNKNOWN	Asthma	YES NO UNKNOWN
Malignancy	YES NO UNKNOWN	Sickle cell disease	YES NO UNKNOWN

ADDITIONAL RELEVANT PRE-EXISTING CONDITIONS

DISCARD SAVE

Figure 13: Form for capturing Pre-existing conditions

Create new clinical assessment

DATE AND TIME OF VISIT *
26/09/2020 14:20

ATTENDING CLINICIAN

CLINICIAN REMARKS

Clinical measurements

CURRENT BODY TEMPERATURE IN ° C SOURCE OF BODY TEMPERATURE

BLOOD PRESSURE (SYSTOLIC) BLOOD PRESSURE (DIASTOLIC) HEART RATE (BPM) RESPIRATORY RATE (BPM)

GLASGOW COMA SCALE WEIGHT (KG) HEIGHT (CM) MID-UPPER ARM CIRCUMF. (CM)

Clinical Signs and Symptoms

Please tick an answer for ALL symptoms indicating if they were present at the time of this visit:

Clear all Set cleared to No

Abdominal pain	YES NO UNKNOWN	Pneumonia (clinical or radiologic)	YES NO UNKNOWN
Abnormal lung X-Ray findings	YES NO UNKNOWN	Rapid breathing	YES NO UNKNOWN

Figure 14: Form for capturing Patient Vitals

Cholera case management on SORMAS

Create new prescription

PRESCRIPTION TYPE * <input type="text"/>	PRESCRIPTION DETAILS <input type="text"/>
DATE PRESCRIPTION ISSUED * <input type="text"/>	PRESCRIBING CLINICIAN <input type="text"/>
TREATMENT START DATE <input type="text"/>	TREATMENT END DATE <input type="text"/>
FREQUENCY <input type="text"/>	DOSE <input type="text"/>
ROUTE <input type="text"/>	
ADDITIONAL NOTES <input type="text"/>	
<div>DISCARD</div> <div>SAVE</div>	

Figure 15: Form for capturing Prescriptions

Create new treatment

TREATMENT TYPE * <input type="text"/>	TREATMENT DETAILS <input type="text"/>
TREATMENT DATE & TIME * <input type="text"/>	EXECUTING STAFF MEMBER <input type="text"/>
DOSE <input type="text"/>	ROUTE <input type="text"/>
ADDITIONAL NOTES <input type="text"/>	
<div>DISCARD</div> <div>SAVE</div>	

Figure 16: Form for capturing Executed Prescriptions

Cholera case management Updates

Overall objective

- Increase the capacity for identification, isolation and treatment of suspected and confirmed cases in order to reduce mortality

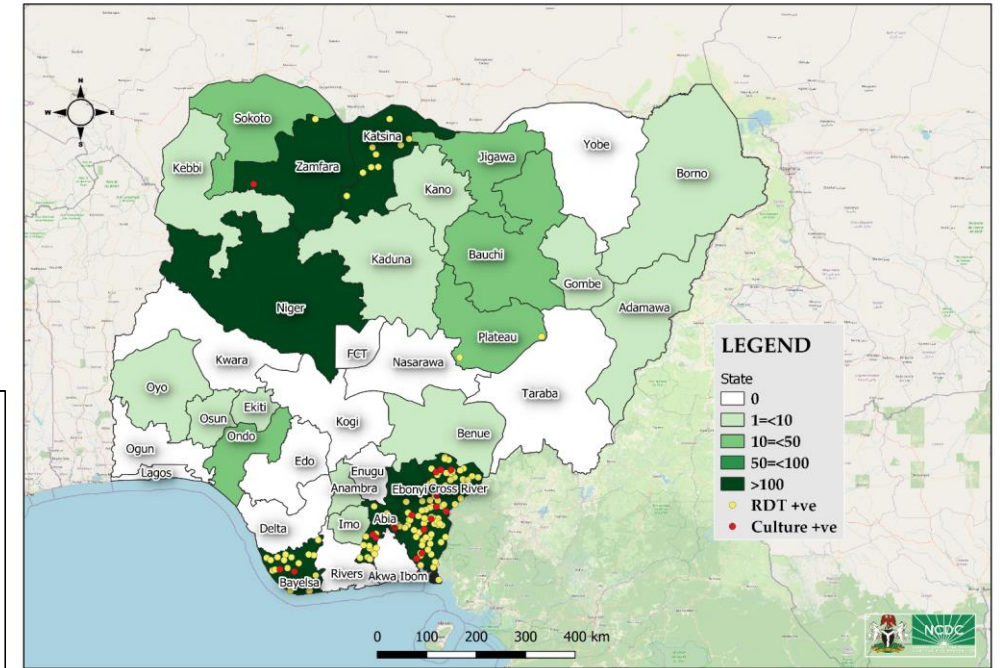
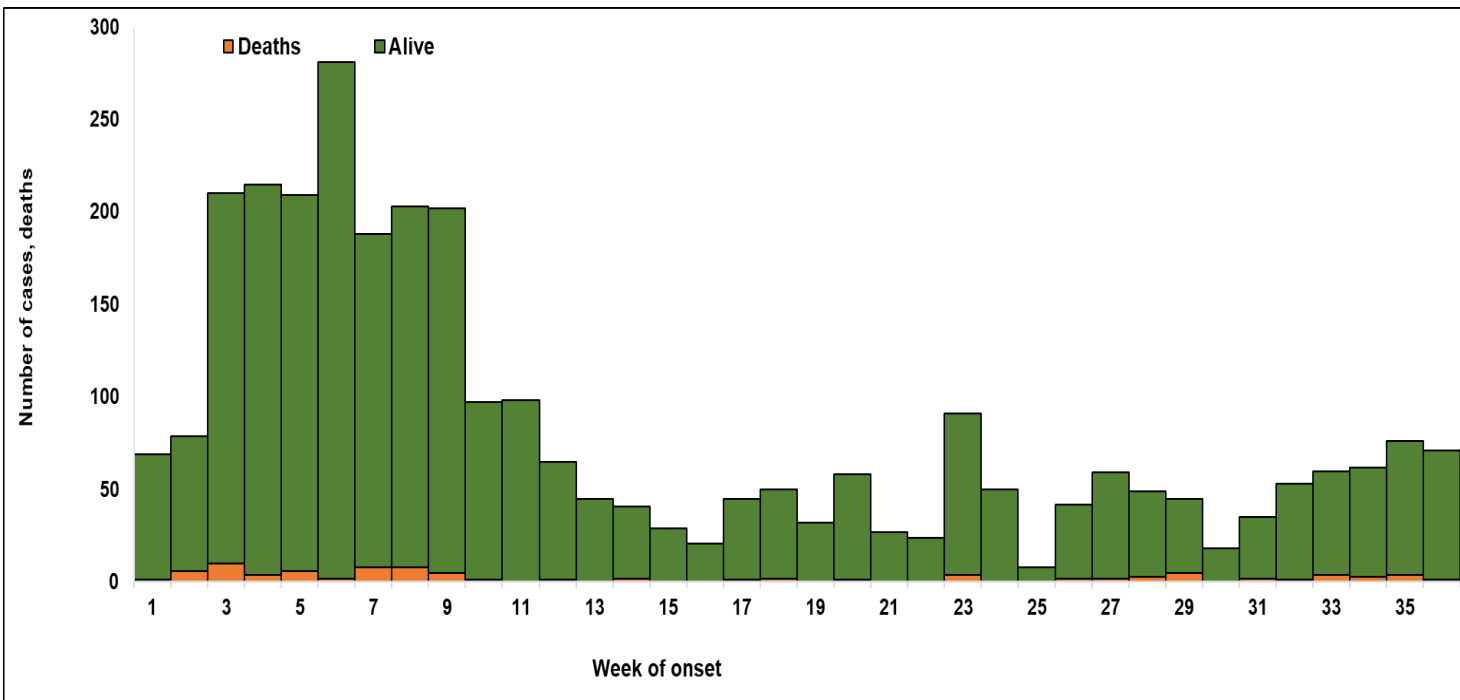
Specific objectives

- Promote strict compliance with standard treatment and IPC protocols
- Collate and analyze data on symptoms, signs and complications of cases daily
- Make daily calls to the State case management focal persons
- Support, train and supervise clinicians at the State and LGA levels as the need arises

Data speaks - Nigeria weekly epidemiological trend of cholera cases (Week 1- 36, 2023)

- Cumulative summary from (Epi week 1- Epi week 36, 2023)

Suspected Cases	Confirmed		Deaths (Suspected Cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting Cases
	RDT	Culture				
3,007	178	45	89	3.0%	25	126



Top 10 states in cumulative cases

- Zamfara, Cross River, Katsina, Bayelsa, Ebonyi, Niger, Abia, kano, Ondo – With 2836 cases and 94% cumulative in 2023

Top 15 Local Government Areas (LGAs) in cumulative cases

- Obubra, Gusau, Bungudu, Ikwo, Abi, Yenagoa, Southern Ijaw, Talata Mafara, Umuahia North, Makwa, Babura, Maradun, Anka, Ikom, Nembe, Auyo, –Cumulated, 1893 with 63% cases in 2023

Cholera case management updates – Data speaks

CTC

4 in 3 states

- Total admitted from Wk1 – 36 = 1,143
- Deaths = 27 , CFR = **2.4%**
- Total Discharged = 1116
- Recovery = **98%**

CTU

32 in 25 states

- Total admitted from Wk1 – 36 = 1321
- Deaths = 44, CFR = **3.3%**
- Total Discharged = 1277
- Recovery = **97%**



Cholera case management updates – Data speaks

Outpatient
and
Community
Reported
Cases

- Total cases Wk1 – 36, 543
- Deaths = 18, CFR = 3.3%



Achievements so far

- Finalized cholera case management guidelines, treatment protocol and SOP – **Undergoing editorials**
- Distributed essential response commodities to all cholera affected states
- Mapped cholera hot spots for chlorination activities in Zamfara

Challenges and Mitigation strategies

Challenges

- Insufficient medical consumables at subnational - RDT kits, drugs, fluids
- Limited laboratory capacity for cholera testing
- Inadequate designated Cholera Treatment centers (CTCs) and Units (CTUs) across hot spot States

Mitigation strategies

- Ensure regular supplies
- Optimize cholera laboratories across all hot spot States
- Designate CTC and CTU across cholera hot spot States

Next steps

- Disseminate the developed cholera treatment guidelines by December 2023
- Conduct advocacy to the hot spot State to designate CTCs and CTUs
- Expand the cholera laboratory network across the 6 geopolitical zones by 2nd quarte, 2024
- Develop an IAP and mobilize resources against the next outbreak cycle
- Finalization of National Cholera Plan and GTFCC approval

Thank you

Nigeria Centre for Disease Control and Prevention

**A healthier and safer Nigeria
through the prevention and control
of diseases of public health
importance**