



GLOBAL TASK FORCE ON
CHOLERA CONTROL

NIGERIA

5th Annual Meeting of the
GTCC
June 2018

OBJECTIVES AND TIMELINES

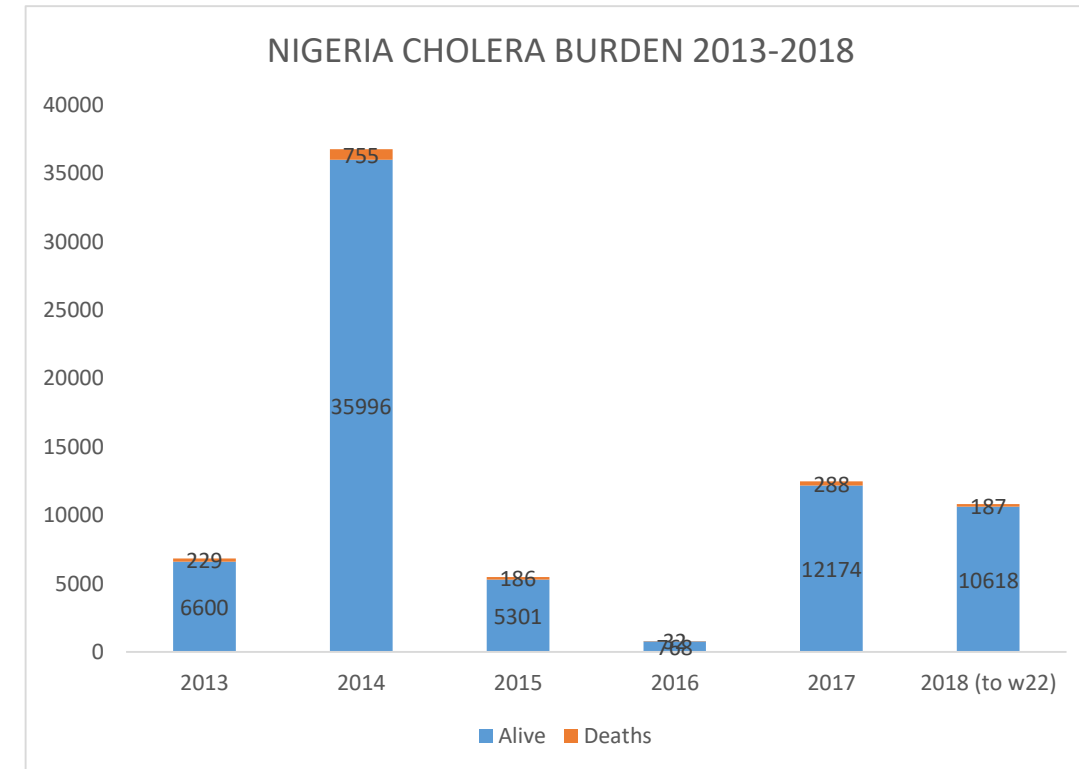
Title: Preparedness and Response to Acute Watery Diarrhea Outbreaks (*currently under review*)

Available via:
https://ncdc.gov.ng/themes/common/docs/protocols/45_1507196550.pdf

GENERAL OBJECTIVE: To reduce the burden of Cholera in Nigeria by 80% by the year 2030

SPECIFIC OBJECTIVES

- To increase the level of awareness on cholera prevention across communities in Nigeria
- To improve the diagnostic capacity for cholera at the National Reference Laboratory and network of public health laboratories in Nigeria
- To introduce a medium term strategy for oral cholera vaccination in Nigeria
- To strengthen the case based surveillance system for cholera



IMPLEMENTATION

1. Launch nationwide aggressive cholera risk communications campaign
2. Use Incident Coordination Centre and State Emergency Operations Centres to coordinate response in country
3. Complete mapping of Cholera 'hotspots'
4. Develop medium term strategy for oral cholera vaccination campaign in hotspots
5. Improve diagnostic capacity for cholera through network of public health laboratories and enhance capacity of National Reference Laboratory for cholera sequencing
6. Improve data management systems with case based surveillance using SORMAS tool
7. Develop capacity of healthcare workers and Disease Surveillance and Notification Officers for reporting of cases
8. Improve supply chain of rapid diagnostic test kits and reagents to laboratories
9. Chlorination of public water sources in high risk States during 'Cholera season'

Cholera control - Capacities and gaps (using key indicators)

Axis 1: Early detection and quick response to contain outbreaks at an early stage

Decentralized culture capacity for early detection in all hotspots	Cultures capacities are limited to few areas such as Borno, Lagos, Abuja and Kano states and are not performed systematically due to frequent lack of materials		NCDC, Federal ministry of Health, Borno state ministry of Health
Preposition of RDT and appropriate transport media (Cary Blair) in all hotspots	RDT is prepositioned in all States with hotspots. However transport media is only provided at States with laboratory culture capacity		NCDC
PCR characterization of isolated VC	PCR capacity available in country but not currently developed for cholera		NCDC
Early warning / Surveillance system	Ongoing transition from excel based reporting to web based (SORMAS)		NCDC

Axis 2: A multisectoral approach to prevent cholera in hotspots

Identification of cholera hotspots	Cholera hotspots have been identified for 2018 using 2012-2017 data		NCDC, WHO
National Cholera Control Plan aligned with the GTFCC roadmap	This was developed in 2017 and is currently being reviewed		NCDC
Financing mechanism and availability of funds	There are no funds specifically earmarked for Cholera in country		

Axis 3: An effective mechanism of coordination for technical support, resource mobilisation and partnership at national level

Existence of a cholera focal point, in charge of implementing the NCCP and appointed by a high authority	Yes. The National Cholera Technical Working Group which is hosted by the Nigeria Centre for Disease Control		NCDC and FMWR
National connection: NCCP integrated into regular programming and cross-sectoral collaboration	Yes. Strong collaboration through Cholera Technical Working Group		NCDC & FMWR