



IMPROVING SURVEILLANCE AND LABORATORY DETECTION TOWARDS THE 'ENDING CHOLERA' STRATEGY

Mr. Sebastian Yennan

Nigeria Centre for Disease Control



Nigeria- health and economic situation

Population ~ 186 million

Federal structure

Annual population growth rate of 2.6%

Recent outbreaks- Lassa fever, cholera, monkey pox, yellow fever, meningitis

Low expenditure on health as a percentage of GDP

Multiple competing priorities for Government



Nigeria Centre for Disease Control

Host of West Africa Regional Centre for Disease Control

Mandate

Prevent, detect, and control spread of communicable diseases

Coordinate surveillance systems to collect, analyse and interpret data on communicable diseases to guide action

Support States in responding to small outbreaks, and lead response to large disease outbreaks

Develop and maintain a network of public health laboratories

Conduct, collate, synthesise and disseminate public health research to inform policy

Coordinate the compliance with international health regulations

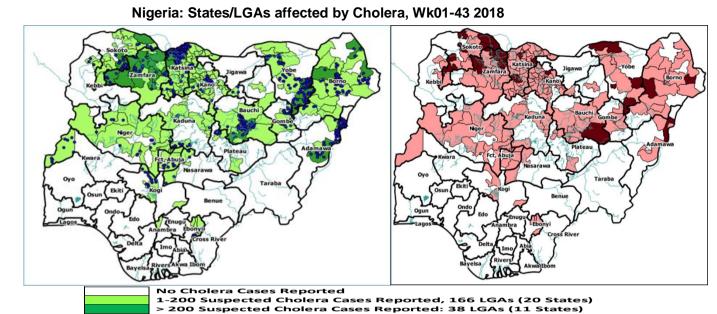






2018 cholera outbreak in Nigeria (Jan 2018 – November 2, 2018)

- 42,466 suspected cases reported from 20 states
- Case Fatality Rate: 1.95 %
- Lab confirmed cases: 47
- RDT positive: 806
- National EOC activated at Level 2
- Eight State level EOCs activated
- Joint coordination by NCDC and Ministry of Water Resources



1-10 Deaths Reported, 108 LGAs (19 States) > 10 Deaths Reported: 25 LGAs (8 States)

Specimen Positive = 829 (Culture=47. RDT=806)



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Surveillance and Epidemiology for cholera

- Ongoing deployment of digital surveillance tool- Surveillance, Outbreak Response Management and Analysis System (SORMAS)
- Training activities on IDSR at national, state and LGA levels
- Monitoring and evaluation of cholera preparedness and response activities
- Identification and validation of cholera hotspots
- Desk review of surveillance data (2012-2017) conducted

Laboratory diagnosis for cholera

- National Reference Laboratory coordinating network of public health laboratories
- National assessment of cholera laboratory diagnostic carried out-29 facilities in 19 states
- Gaps identified in testing capacities: culture, Antibiotic Selection Technique (AST), gram stain and serotyping
- Laboratories in 16 states prioritized for immediate capacity building efforts

Case management for cholera

- Cholera treatment centres/units established and operated at state level/ LGAs
- NCDC, WHO and MSF provided medical supplies and human resource to work in CTCs, CTUs and ORPs
- Developed and distributed cholera standard case definitions and treatment protocols
- Case management and Infection Prevention and Control (IPC) training for clinicians and other Health Care Workers (HCWs)

Vaccines and logistics for cholera

- Strong collaboration with vaccine coordination agency- National Primary Health Care Development Agency (NPHCDA)
- Implementation of OCV campaigns in Borno, Bauchi, Adamawa and Yobe states
- Developed micro-plans for OCV campaigns in 83 cholera hotspot LGAs in 14 States
- Planned OCV campaigns in 10 LGAs of 6 States most affected with the ongoing cholera outbreaks
- Conducted After Action Review (AAR) for the first OCV campaign conducted in Borno state (Nov, 2017)

Risk communications for cholera

- Development and distribution of IEC materials- radio, television, social media, community engagement
- Development of cholera advisory at beginning of rainy season
- Conducted media engagement and capacity building



STOP CHOLERA

WITH SAFE WATER, SAFE FOOD & GOOD HYGIENE PRACTICES

CHOLERA is a water-borne disease, spread by contaminated food or water.

Cholera causes acute watery diarrhoea (watery stool), and if left untreated, it can lead to DEATH within hours.





Make Water Safe

- Use water from reliable sources.
- Boil water before drinking.
- Store water in properly sealed containers.
- Ensure bottled water is properly sealed before you drink.







Safe Food Preparation

WASH IT, PEEL IT OR COOK IT.

- Wash fruits and vegetables with clean, running water.
- · Peel fruits before consuming.
- Cook food well, and cover properly when not immediately consumed.







Wash Your Hands

- Wash your hands frequently with soap and clean, running water.
- Wash before and after eating. Wash before and after using the toilet.
- Use ash if soap and water are not available.



Practice Environmental Hygiene

- STOP open defecation.
- STOP indiscriminate refuse dumping.
- Ensure proper disposal of waste and proper clearing of sewage.



IF YOU EXPERIENCE SUDDEN DIARRHOEA (WATERY STOOL), VISIT A HEALTH CARE FACILITY IMMEDIATELY.

Take all sick persons with the symptoms above to a health care facility immediately.

NCDC Toll-Free Number: 0800-970000-10. SMS: +234 809 955 5577. WhatsApp: +234 708 711 0839. www.ncdc.gov.ng

Water, Sanitation and Hygiene for cholera

- Led by Federal Ministry of Water Resources
- Stronger integration with NCDC and other health agencies in last one year
- National strategy launched by Federal Ministry of Water Resources (FMWR) towards declaring Nigeria an open defecation free country
- Various WaSH programs in different states

Nigeria's strategy to End cholera

- Draft of five year multi-sectoral National Strategic Plan of Action on Cholera Control (NSPACC) developed
- Plan outlines strategic activities aimed at consistently reducing the burden of cholera annually
- Intervention areas:
 - Leadership and coordination
 - Epidemiologic Surveillance
 - Laboratory surveillance
 - Case Management
 - Social mobilization/Risk communication
 - WaSH interventions
 - OCV interventions

Challenges for cholera control in Nigeria

- Poor WaSH infrastructure across the country; inadequate water supply, open defecation
- Shortage of HCWs across states to detect, diagnose and manage cases
- Poor IPC practice among HCWs
- Late notification and submission of line list from States
- Inadequate culture capacity at state level- reagent stock out and inadequate RDT kits during outbreak response
- Poor confirmation rate of cases due to early use of antibiotics
- Inadequate/untimely maintenance of diagnostic equipment

Priorities for Nigeria's cholera control strategy

- Finalise development of National Strategic Plan of Action on Cholera Control (NSPACC)
- 2. OCV medium term strategy development using hotspot mapping
- 3. Strengthen **preparedness and response** utilising new State Public Health EOCs
- 4. Improve diagnostic capacity for cholera in network of public health laboratories and enhance capacity of National Reference Laboratory for cholera sequencing
- 5. Develop **capacity of healthcare workers** and Disease Surveillance and Notification Officers (DSNOs)
- 6. Improve supply chain of **rapid diagnostic test kits and reagents** to laboratories
- 7. Improve data management systems and data use at all levels
- 8. Chlorination of public water sources in high risk States during 'Cholera season'
- 9. Launch nationwide aggressive cholera campaign
- 10.Strengthen **collaboration** with other Ministries Departments and Agencies (MDAs) involved in WaSH

Acknowledgment

- NPHCDA
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- US-CDC
- UMB
- PHE
- eHealth Africa
- AFENET
- PHI
- HZI
- States
- LGAs

Thank you

Nigeria Centre for Disease Control

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