



Situation Report

Adamawa State Ministry of Health



TTITLE	2021 Cholera Outbreak Situation Report
SERIAL NUMBER	08
EPID-WEEK	35
DATE	31st August, 2021

Highlights

- 10 new suspected cases with 0 deaths have been reported within the reporting week (Yola North=6 with 0 death, Yola South=4 cases with 0 death)
- Total suspected case count now stands at 124 with 5 deaths (CFR=4.0 %)

Epidemiological Summary

The total number of cases reported as at **31st August, 2021** stands at 124 suspected cases with 5 deaths (CFR=4.0%), Girei reported 38 cases with 2 deaths (CFR= 5.3%); Yola North reported 25 suspected case with 1 death (CFR= 4%), Yola South reported 8 suspected cases with 0 death (CFR= 0%), Shelling reported 17 cases with 0 death (CFR=0%), Fufore reported 2 cases with 0 deaths (CFR=0%) and Gombi reported 34 cases with 2 death (CFR=5.9%). Of the 124 suspected cases, 15 revealed 01 serotype.

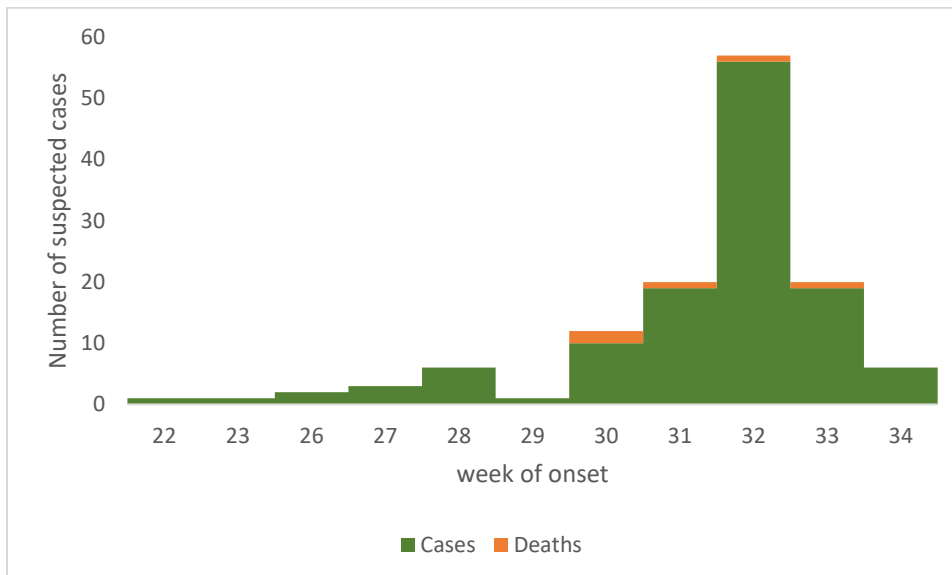


Figure 1: Epi curve of suspected cases of cholera and deaths in Adamawa state as at **31st August, 2021**

	Yola North	Girei	Yola South	Shelleng	Gombi	Fofore	Total
Cases							
New suspected	6	15	4	0	0	0	10
Cumulative	25	38	8	17	34	2	114
Deaths							
New deaths	0	0	0	0	0	0	0
Cumulative deaths	1	2	0	0	2	0	5
Laboratory*							
Specimens collected	19	19	1	0	4	2	45
Specimen (Culture +ve)	11	14	1	0	4	1	31
Specimen (O1 serotype)	1	10	1	0	3	1	16

Table 1: Number of cases, deaths and samples tested for Cholera in Adamawa State, as at **31st August, 2021**. (* samples collected will be updated)

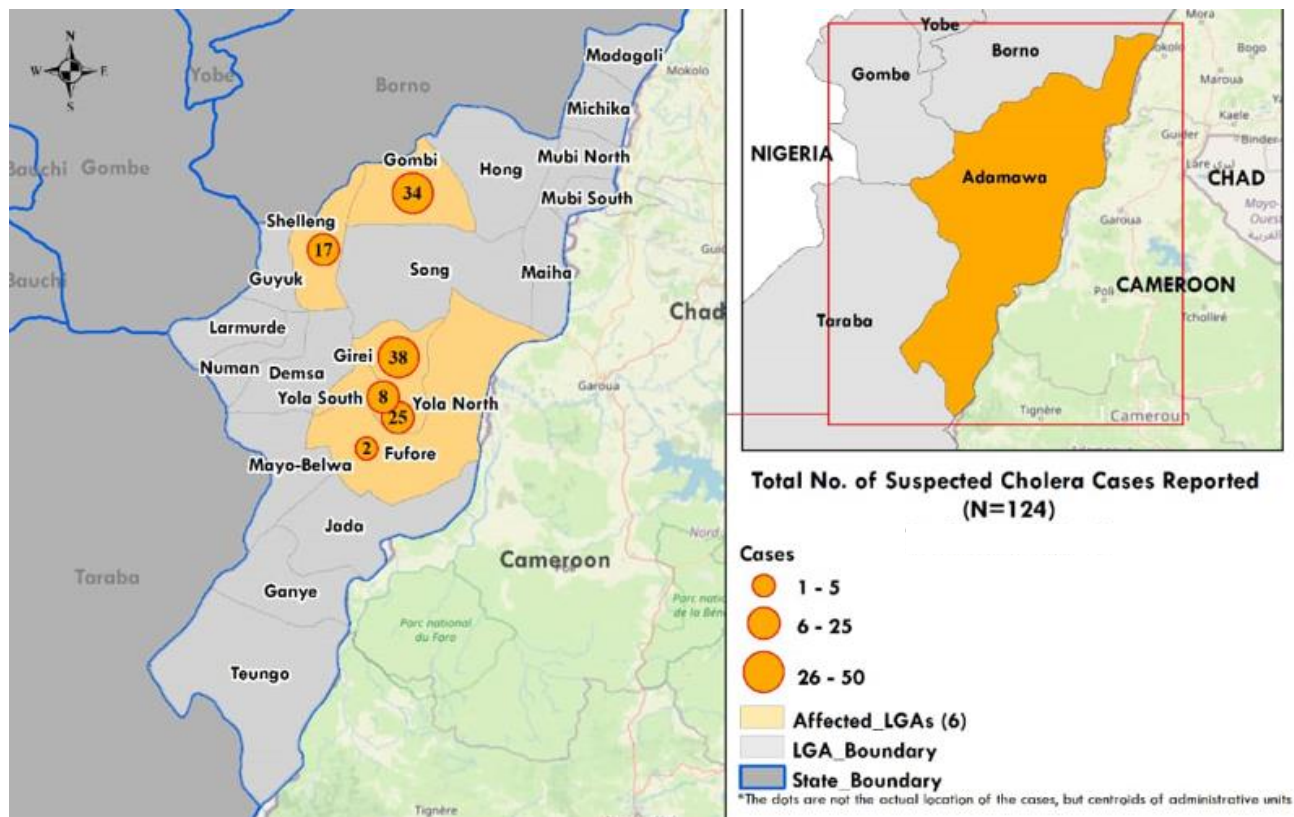


Figure 2: Map of Adamawa State showing Cholera affected LGAs as at **31st August, 2021**

Activity	Girei	Yola North	Yola South	total	Partners
No of water points mapped	69	97	48	214	IRC
No of water points tested	69	97	48	214	IRC
Number and % of contaminated water points	65 (30)	84 (39%)	46 (22%)	195 (91%)	-
Number and % of water points being chlorinated	15 (8%)	17 (9%)	0 (0%)	32 (16%)	SI, IOM, NRC
Number and % of water points not being chlorinated	54 (28%)	60 (31%)	48 (25%)	162 (84%)	-

Table 2: Distribution of Water point chlorination in the affected LGAs in Adamawa State, as at August 25th 2021.

Coordination

- The coordination meeting between State response teams and Development partners holds Mondays and Thursdays
- Pillar meetings of partners & government is ongoing
- Generated reports and action points are shared with Government Agencies and Development partners
- NCDC has donated 350 cholera RDT, 100 pieces of petri dishes, 1 tin of triple sugar and 1 tin of nutrient agar
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Surveillance and Laboratory

- 10 new suspected cases with 0 deaths have been reported.
- DSNOs are line listing suspected Cases and collecting sample
- Regular hot spot analysis has been shared to stakeholders to guide the response

Case management

- ? cases on admission in the CTC Specialist Hospital Yola and 0 at General Hospital Garkida
- No death recorded at the CTC
- No stipends for the contracted staff who work in the SSH CTC after 4 weeks of work

Wash

- Additional 32 water points mapped and tested in Girei and Yola North LGAs last week for faecal contamination by IRC, making a total of 214 mapped water points. (See table 2 above).
- Chlorination of 32 water points ongoing by SI (716,133 liters (716m³), NRC, IOM, and ICRC in Girei and Yola North LGAs.
- House-to-House Hygiene Promotion and community sensitization/campaigns ongoing by SI (2,526 persons, (360HHs)), IRC (487 HHs with 2,922 persons, (1,623F & 1,281M)), NRC, IOM, ICRC and LESGO (50HHs 362 persons) teams in Girei and Yola North LGAs.
- SI Dislodged 100 pits of filled up latrines in IDPs camps and IDPs Host communities to mitigate the risk of outbreak of AWD.

- SI distributed 34 Cholera kits to the 34 HHs where AWD was reported as suspected/confirmed. Also distributed 1,152 pieces of soaps to the neighboring HHs and spraying/Disinfection of the HHs conducted
- Disinfection of infected Household latrines and public dump sites by IOM, SI and NRC ongoing in communities of Girei and Yola North LGAs.
- Radio jingles on prevention of cholera by IRC and ICRC ongoing. Also, mobile campaign and distribution of IEC materials in Motor parks, garages, and markets by Goal-Prime ongoing.
- PLANNED WASH ACTIVITIES:
- WASH sector joint assessment visit to assess WASH gaps and needs in Koh community in Girei LGA.
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Risk Communication



Logistics

- NCDC has donated 350 cholera RDT, 100 pieces of petri dishes, 1 tin of triple sugar and 1 tin of nutrient agar

Challenges

- Funds to support outbreak response is yet to be released by the state Government
- LGA level coordination needs to be strengthened
- Lack of stipends to support Case Managers in the CTC in SSH & GH Garkida
- Ambulance services still a challenge especially for distant locations
- Some of the health facilities in affected LGAs have inadequate manpower
- Most referred cases from PHCs are coming in critical state
- Most new Health workers across LGAs in PHCs have not been trained on cholera management and the old staff have not been re-trained.
- Inadequate Active case search in the affected communities
- Poor sanitation in affected areas
- Shortage of Aquatabs for household distribution to treat household drinking water.
- Shortage of IEC materials.
- Open defecation still ongoing in some of the affected areas
- Inadequate supply of Iv fluids and other WASH commodities
- Shortage of soap for distribution at HH during Hygiene Promotion for personal hygiene.
- Shortage of Aquatabs for household distribution to treat household drinking water.

Way forward

- Set up CTU in affected LGAs
- Solicit for funds to train healthcare workers in the affected and at risk LGAs
- Continue to engage partners for more support across thematic areas
- Share reports timely with NCDC and solicit for support of response material to be supplied to the state.
- Send out advisory on cholera to places of worship and schools
- Solicit for the collaborative support of other ministries in the state to curb the outbreak
- Solicit for financial support from the state Government to address the response

- Deliberate with the ADPHCDA & ES for possible temporary posting of HCWs to facilities with inadequate manpower