



Outbreak Investigation Report

Title of outbreak: Cholera Outbreak, Zurmi LGA, Jun 2025, Zamfara State

Date of Reporting: 17th Jun 2025

Reported by: Surveillance Working Group

1. Brief background information:

Zurmi LGA is one of the 14 LGAs in Zamfara state, situated in the Zamfara North Zone. It shares border with Kaura Namoda Local government in western part, Shinkafi Local government with the Northern part Jibia Local government in Katsina State with Eastern part, while Niger Republic in the Eastern Northern part. The projected 2006 census population for 2025 were 513083. There are Eleven 11 political wards, with 58 health facilities out of which 58 are offering RI services.

A Number of suspected cholera cases reported meet the WHO case definition they were investigated and line listed. 7 samples were collected and tested using cholera RDT, 2 were positive, sample collected and transported to YBSH for on-ward shipment to National reference Lab for Confirmation, the result is pending, in which 17 cases were recorded from January to June in the year 2025, Five Wards were affected, which most of the Cases were admitted in GH Zurmi MSF Cholera Isolation Unit, isolated and managed as appropriate with the administration of antibiotics, intravenous fluids and other supportive care as necessary. There was no case fatality rate.

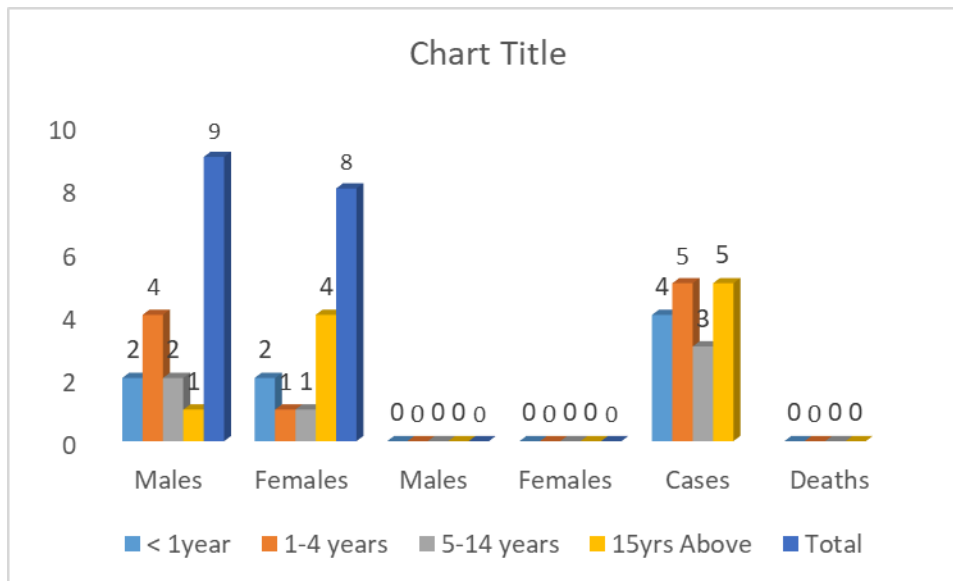
2. Clinical features:

Cases presented with Watery stool and general body weakness, with moderate dehydration. Cases were referred to health facilities for appropriate management. There were no fatalities reported.

es: Zurmi LGA

	Cases		Deaths		Total	
	Males	Females	Males	Females	Cases	Deaths
< 1year	2	2	0	0	4	0
1-4 years	4	1	0	0	5	0
5-14 years	2	1	0	0	3	0
15yrs Above	1	4	0	0	5	0
Total	9	8	0	0		

Figure 1: Proportion of Cholera Cases by Gender

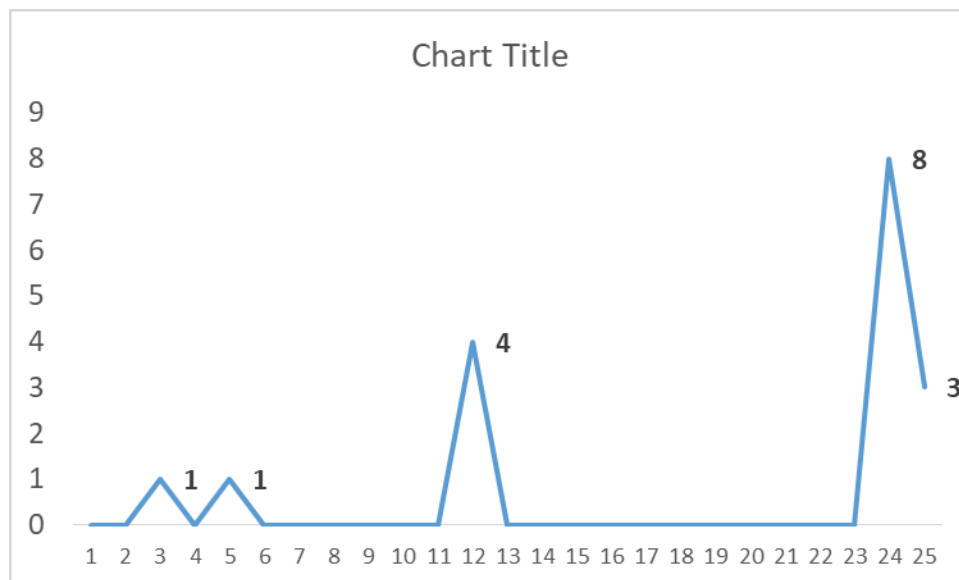


4. Weekly incidence:

<i>Week Number</i>	<i>Number of Cases</i>
1	0
2	0
3	1
4	0
5	1
6	0
7	0
8	0

9	0
10	0
11	0
12	4
13	0
14	0
15	0
16	0
17	0
18	0
19	0
20	0
21	0
22	0
23	0
24	8
25	3
Total	17

Trend of Weekly incidence of cholera cases



5. Laboratory Investigation:

5 Stool sample was collected and tested Using RDT revealed positive , the sample were packaged/ transported to YBSH and details confirmation is expected from the lab.

6. Interventions

Investigation and response activities was done by the LGA RRT Team/ epidemic preparedness and response committee. The DSNO/ADSNO took lead in case investigation and active surveillance supported by Epid. Unit Zamfara State Ministry of Health Gusau / WHO SC.

Surveillance were intensified in the wards and settlements affected. Active case search was conducted to search for more cases identification and prompt reporting to the nearest health facility.

The surveillance focal persons, facility in-charges and Resource Persons were sensitized on surveillance including accelerated cholera control measures to improve detection, reporting and case management Cholera and other VPDs

Most of the Cases were referred and managed in General Hospital Zurmi MSF Cholera Isolation Unit. Appropriately managed. Antibiotics, IV fluids were used and other supportive Item. Caregivers were counselled on adequate nutrition and fluids intake regularly.

Localized efforts to boost routine Surveillance was conducted with intensified Active Cases Search in the affected settlements.

Community sensitization was done on importance of immunization. VCMs were mobilized and sensitized for house to house case search and community mobilization.

7. Comments: Suspected Cholera outbreak was confirmed in Zurmi LGA, with the index case reported in week 24 from Yanbuki Settlements. Five wards were affected. There were no fatalities among the Patients.

8. The LGA Chairman is requested to supported the affected Communities with free drugs to reduce the burden of cost of drugs to their children

9. Recommendations:

- Timely provision/release of lab results
- Intensified activities to improve cholera surveillance; Re-training of clinicians on accelerated Cholera control; need to improve case detection and notification

- Advocacy for the provision of adequate drugs including antibiotics for improved case management
- Intensified supporting supervision for routine immunization/surveillance (Active Case Search) to enhance the quality of services to communities/IDPs Camp; Intensified community sensitization and mobilization on importance of immunization and Surveillance of all Epidemic Prone Diseases.
- Advocacy for support of outreach sessions/Surveillance activities, timely mop up in response to outbreaks
- To Improve Community Engagement and sensitization on the importance of RI vaccine to their Children toward preventing VDPS