



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 1

Epidemiological week 1- 4: (01 January 2024 - 28 January 2024)

Key Points

Table 1: Current Epi-summary for week 4, 2024

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
35	0	0.0%	2	8

Table 2: Cumulative suspected cases (Epi week 1 - 4, 2024)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
169	2	1.2%	2	10

Months	Epi-Weeks	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	169	2	1.2%	2	10

Table 3: Summary of monthly reported cases (Epi week 1 - 4, 2024)

	Week 1	Week 4	
Summary	2023	2024	% Change
Suspected Cases	573	169	-71%
Deaths	21	2	-90%
CFR	3.7%	1.2%	-68%

Table 4: Comparison of cumulative cases as at week 4, 2023 and 2024

Week 4 Highlight

- 35 new cases were reported, 0 deaths with CFR = 0.0%
- 2 States Bayelsa (26) and Cross River (9) reported cases of Cholera within the Epidemiological week

In the reporting month,

- States have reported 169 suspected cases of Cholera, Bayelsa (144) and Cross River (25)
- 2 Deaths were recorded with CFR = 1.2%
- 22 Rapid Diagnostic Tests (RDT) were conducted with 9 positive results (Bayelsa – 7 and Cross River - 2)
- 9 stool culture tests were conducted and with 1 positive result (Cross River - 1)
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary for 2024

- As of **28th January 2024**, a total of **169 suspected cases including 2 deaths (CFR 1.2%)** have been reported from 2 states
- Of the suspected cases since the beginning of the year, age groups **<5 years** are mostly affected, followed by the age groups **5 - 14 years** in aggregate of both males and females
- Of all suspected cases, **52% are males and 48% are females**
- Bayelsa (144 cases) accounts for 85% of all suspected cases in the country of the 2 States that have reported cases of cholera
- Southern Ijaw LGA (81 cases) in Bayelsa State accounts for 48% of all suspected cases reported in the country
- Other State; Cross River (25 cases), accounts for 15% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year have decreased by 71% compared to what was reported as at Epi-week 4 in 2023. Likewise, cumulative deaths recorded have decreased by 90% in 2024

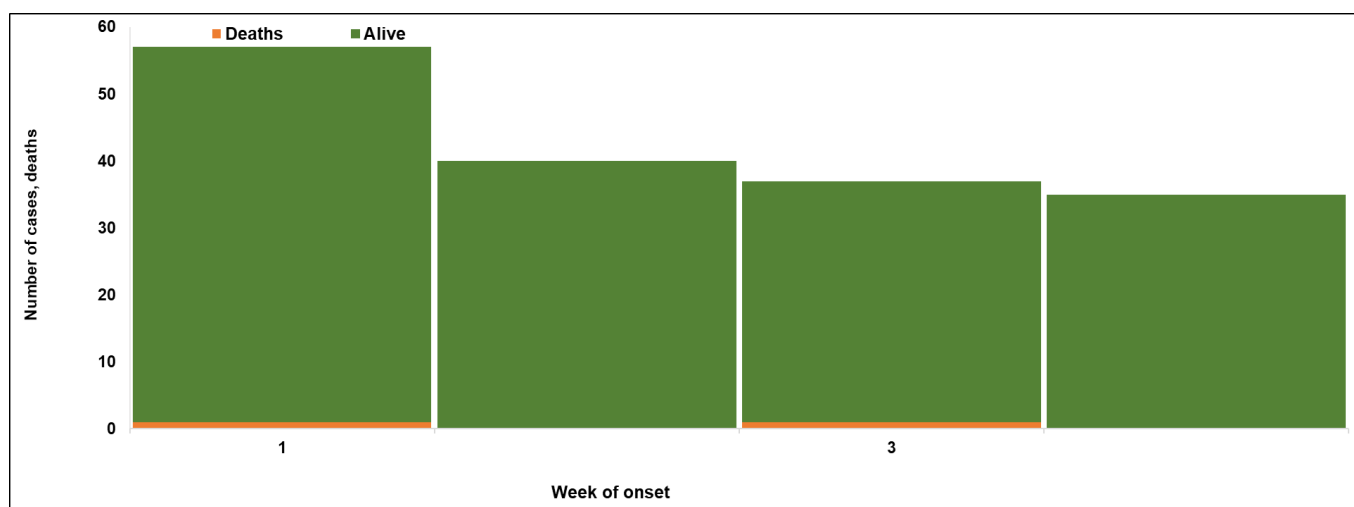


Figure 1: National Epidemic curve of weekly reported Cholera cases, week 1 to week 4, 2024

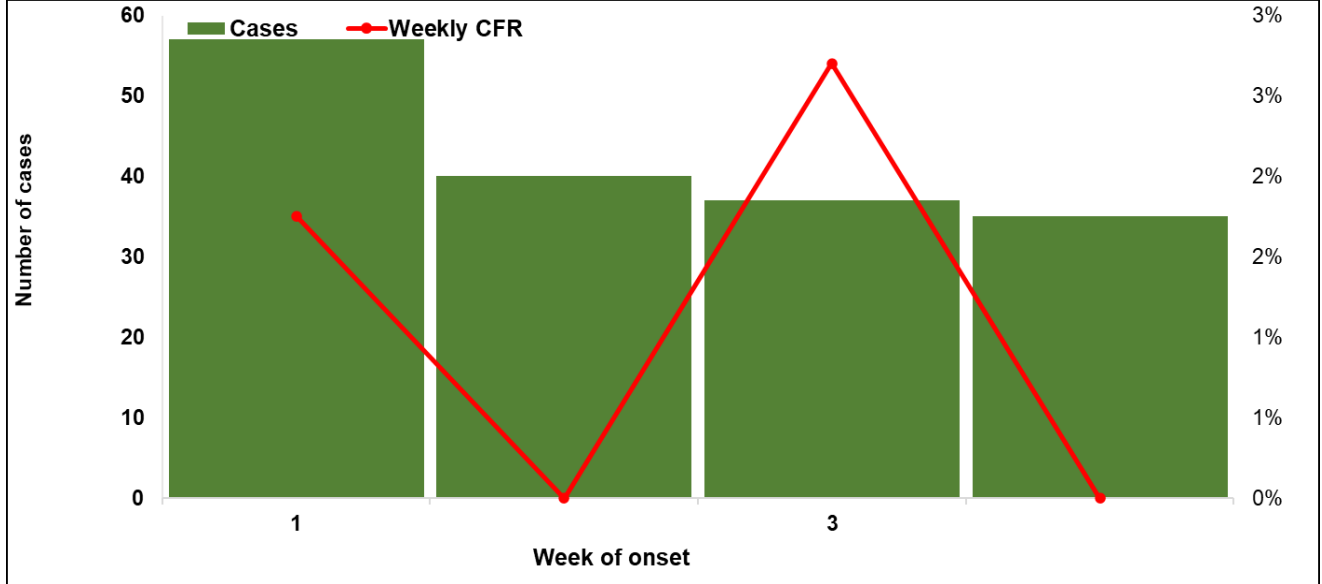


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 - 4, 2024, Nigeria

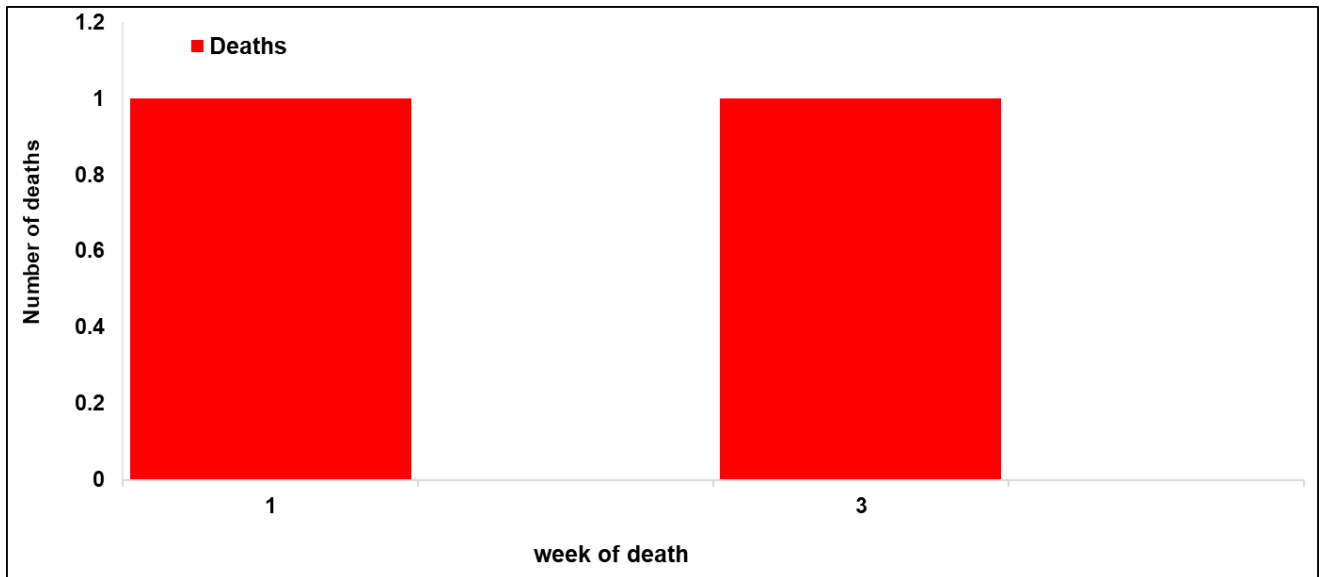


Figure 3: Trends in deaths, Epi weeks 1 - 4, 2024, Nigeria

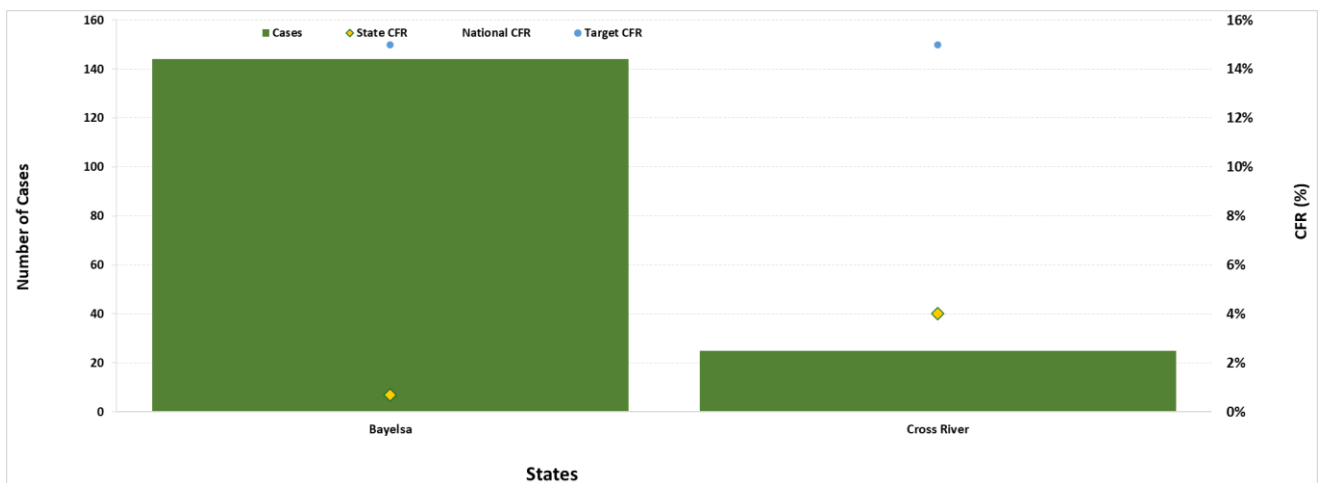


Figure 4: States' Cholera cases by Case fatality ratio (CFR) Epi-weeks 1 - 4, 2024

Table 5: States in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Bayelsa	144	85%	85%
2	Cross River	25	15%	100%
Total		169	100%	

Table 6: Top 9 Local Government Areas (LGAs) in cumulative cases

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Southern Ijaw	Bayelsa	81	48%	48%
2	Ogbia	Bayelsa	18	11%	59%
3	Yenagoa	Bayelsa	13	8%	67%
4	Biase	Cross River	13	8%	75%
5	Nembe	Bayelsa	12	7%	82%
6	Kolokuma/Opokuma	Bayelsa	12	7%	89%
7	Obubra	Cross River	9	5%	94%
8	Akpabuyo	Cross River	2	1%	95%
9	Bakassi	Cross River	1	1%	96%
Total			161	96%	

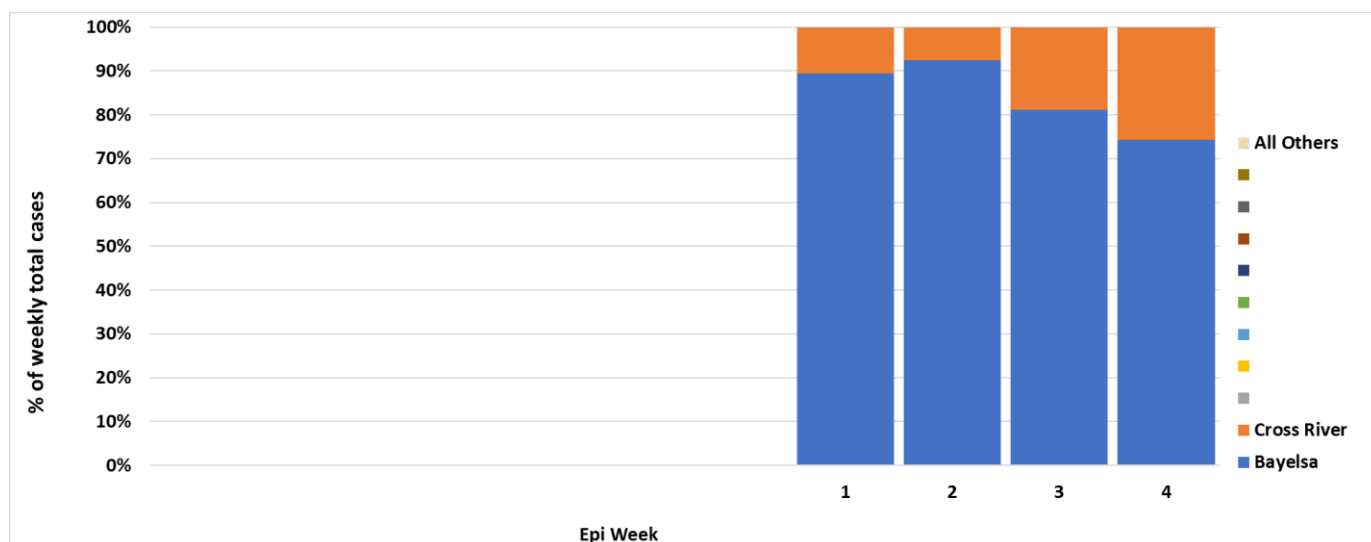


Figure 5: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

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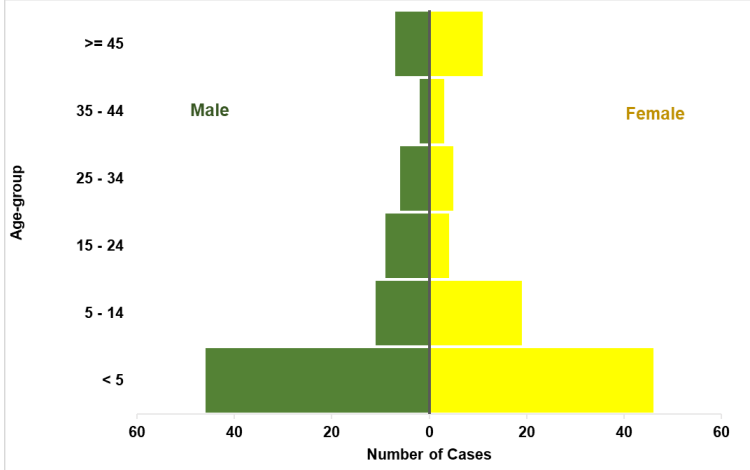


Figure 6. Age-Sex Pyramid for cumulative Cholera Cases, week 1-4 ,2024: N=169

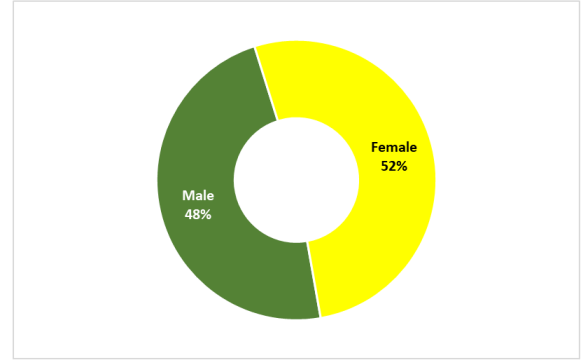


Figure 7. Sex disaggregation for cumulative Cholera cases, week 1-4, 2024: N=169

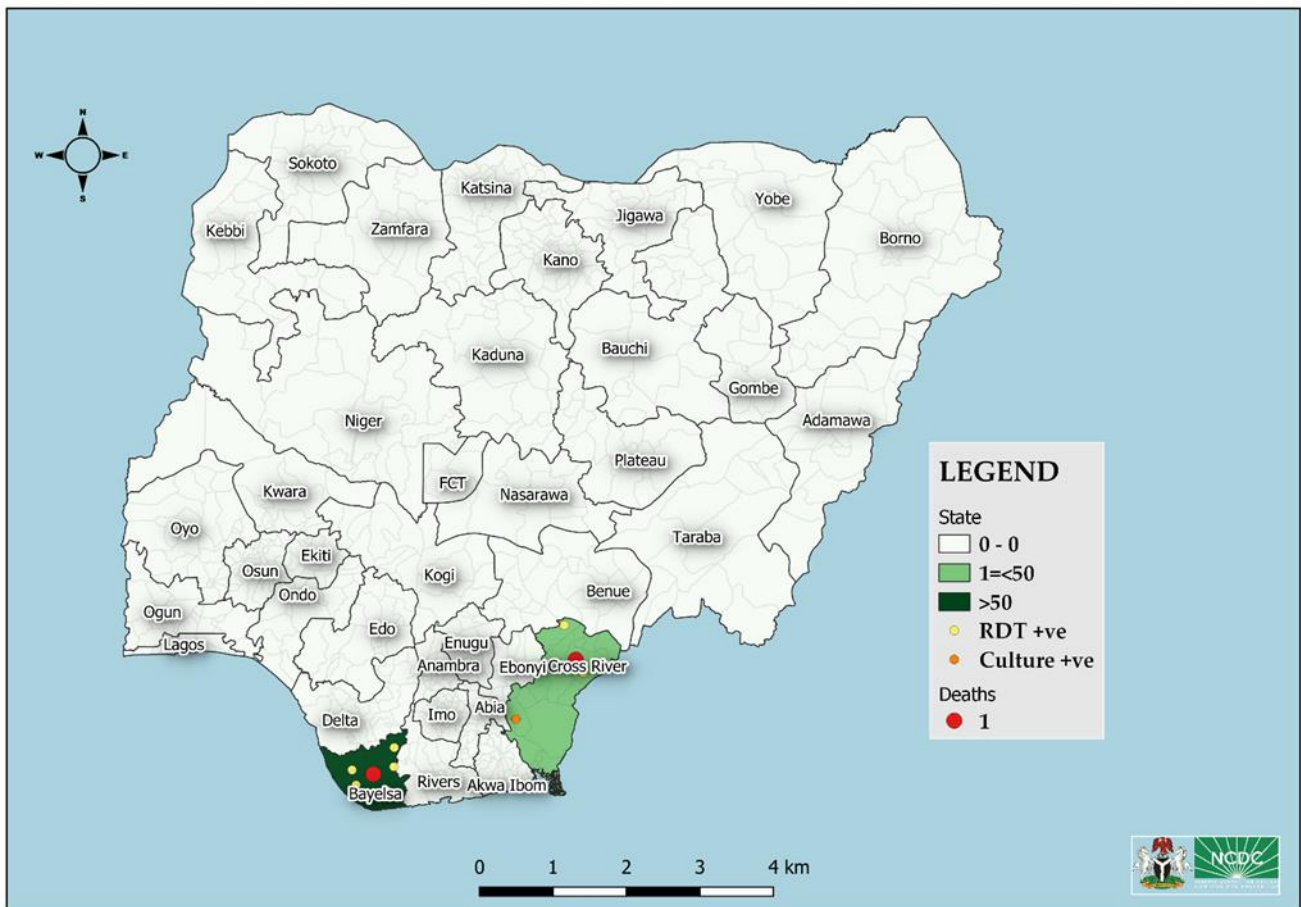


Fig. 8: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 4, 2024

Table 7. Summary table for Weekly & Cumulative number of Cholera Cases, for 2024

States	Reporting cases in 2024	State outbreak status*	Current week: (Week 4)					Cumulative (Week 1 - 4)					
			Cases		Deaths		Tests		Cases	Deaths	CFR	Tests	
			Cases	% change	Deaths	% change	RDT (%Pos)	Culture (%pos)				RDT (%Pos)	Culture (%pos)
1	Bayelsa	Active	26	▼ 13%	▼ 100%	6 (67%)	4 (0%)	144	1	0.7%	13 (54%)	7 (0%)	
2	Cross River	Active	9	▲ 29%		6 (33%)	2 (50%)	25	1	4.0%	9 (22%)	2 (50%)	
National			2										
			35	▼ 5%	0	▼ 100%	12 (50%)	6 (17%)	169	2	1.2%	22 (41%)	9 (11%)

Table 7: Response activities

Pillar	Activities to date	Next steps
Coordination	<ul style="list-style-type: none"> Response is being coordinated by the national multi-sectoral TWG hosted at NCDC, in collaboration with Federal Ministry of Health (FMOH), Federal Ministry of Water Resources (FMWR), Federal Ministry of Environment (FMEvrt), National Primary Health Care Development Agency (NPHCDA) and Development Partners 	<ul style="list-style-type: none"> The national multi-sectoral TWG will continue to coordinate the national response Continue sub-national level preparedness and response support Ongoing review of National Cholera Plan
Surveillance	<ul style="list-style-type: none"> Ongoing surveillance in all states through the routine Integrated Disease Surveillance and Response (IDSR) and Event Based Surveillance (EBS) 	<ul style="list-style-type: none"> Continue data collation and harmonisation Ongoing cholera surveillance

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	<ul style="list-style-type: none"> • Providing offsite/onsite support to states and follow up for daily reporting and progress with response activities 	<p>evaluation across states</p>
Case Management & IPC	<ul style="list-style-type: none"> • Provided technical support and response commodities to affected states • Finalization workshop held on cholera case management guideline, treatment protocol and SOP harmonization 	<ul style="list-style-type: none"> • Continue providing technical support on case management and IPC to states • Continue training of Health Care Workers (HCW) on management of cholera • Continuous follow up with states for updates and support
Laboratory	<ul style="list-style-type: none"> • Supported ongoing testing across state-level laboratories at NCDC National Reference Laboratory (NRL), Abuja and CPHL Yaba-Lagos 	<ul style="list-style-type: none"> • Ongoing sub-national level training of Laboratory Scientists on sample collection and analysis • Ongoing finalization of cholera diagnostics guidelines and SOP
WASH	<ul style="list-style-type: none"> • Hygiene promotion, provision of safe water, water chlorination, household disinfection and sensitisation on dangers of open defecation ongoing in high-risk communities by WASH sector partners and Community Health Volunteers in the affected states • Continuous construction of sanitation and hygiene facilities with boreholes in cholera hotspots • Conducted WASH Sector review workshop 	<ul style="list-style-type: none"> • Continue distribution of hygiene kits to affected states
Logistics	<ul style="list-style-type: none"> • Essential response commodities are being distributed to all cholera affected states 	<ul style="list-style-type: none"> • Continue supporting affected states with essential response commodities
Vaccination (led by NPHCDA)	<ul style="list-style-type: none"> • Epidemiological trend is being monitored to guide ICG request for planned vaccination campaigns 	<ul style="list-style-type: none"> • Continue monitoring epidemiological trend to guide ICG request for planned vaccination campaigns
Risk communication	<ul style="list-style-type: none"> • Cholera jingles are being aired in English and local languages • Community social mobilisation, media interviews, distribution of Information, Education and Communication (IEC) materials and awareness campaigns ongoing in affected communities • Cholera advisory developed and circulated 	<ul style="list-style-type: none"> • Continue airing of cholera jingles and distribution of IEC materials • Continue media engagement meetings and training of journalist, other media professionals

		<ul style="list-style-type: none"> Continued follow-up with states for update on risk communication
State Response	Multi-sectoral State-level Emergency Operation Centres (EOCs) activated in Cross River State	Continue supporting state response activities

Challenges

- Difficulty in accessing some communities due to security concerns
- Open defecation in affected communities
- Lack of potable drinking water in some rural areas and urban slums
- Poor hygiene practice in most cholera affected communities
- Inadequate health facility infrastructure and cholera commodities for management of patients (Ringer's lactate and ORS)
- Inadequate trained personnel in states for case management
- Poor and inconsistent reporting from states

Next Steps

- Continue training on cholera surveillance, hotspot mapping and develop state level preparedness and response plans
- Maintain communication with and support to states for data reporting and response
- Continue advocacy to State Governments to increase funding in WASH infrastructure
- Continue distributing response commodities across states
- Build capacity for sample collection, transportation and laboratory diagnosis
- Continue cholera surveillance evaluation across states
- Scale up risk communications
- Continue review of the National Cholera Plan

Notes on this report

Data Source

Information for this disease was from routine case-based data and outbreak line-lists retrieved by the National Cholera Technical Working Group

Case definitions

Suspected Case:

- Any patient aged ≥ 2 years with acute watery diarrhoea and severe dehydration or dying from acute watery diarrhoea with or without vomiting.
- In areas where a Cholera outbreak is declared, any person presenting with or dying from acute watery diarrhoea with or without vomiting.

Confirmed Case: A suspected case in which *Vibrio cholera* O1 or O139 has been isolated in the stool by culture.

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 28th JANUARY 2024