



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 04

Epidemiological week 14-17: (03 April - 30 April, 2023)

Key Points

Table 1: Summary of current week (Epi week 17, 2023)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
15	0	0.0%	2	3

Table 2: Summary of monthly reported cases (Epi week 1- 17)

Months	Epi- Weeks	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	558	21	3.9%	13	39
February	5 - 9	852	23	2.7%	8	40
March	10 - 13	172	2	1.7%	5	12
April	14 - 17	47	2	4.3%	6	13

Table 3: Cumulative summary from Epi week 1 - 17, 2023

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
1629	48	2.9%	13	61

Week 17 Highlights

- Thirteen states have reported suspected cholera cases in 2023. These are Abia, Anambra, Bauchi, Bayelsa, Cross River, Ebonyi, Kano, Katsina, Niger, Ondo, Osun, Sokoto and Zamfara
- In the reporting month, 5 states reported 98 suspected cases – Abia (11), Bayelsa (6), Cross River (3), Katsina (24), Niger (2) and Zamfara (1)

In the reporting week,

- 2 States have reported suspected cases, Bayelsa (1) and Katsina (14)
- 6 Rapid Diagnostic Test (RDT) were conducted with all positive results
- 6 stool culture tests were conducted with none positive

- Of the cases reported there was no death
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary for 2023

- As of **30th April 2023**, a total of **1629** suspected cases including **48 deaths (CFR 2.9%)** have been reported from 13 states
- Of the suspected cases since the beginning of the year, age groups **<5 years** are mostly affected, followed by the age groups **>45 years** in aggregate of both males and females
- Of all suspected cases, **53% are males and 47% are females**
- Seven states – Cross River (718 cases), Ebonyi (227 cases), Zamfara (177 cases), Bayelsa (160), Abia (118 cases), Katsina (115 cases), and Niger (94 cases) account for 99% of the cumulative cases
- Three out of fifteen LGAs in the country, Obubra in Cross River (515), Gusau in Zamfara (177), and Ikwo LGA in Ebonyi (146) reported 51% of the cases this year

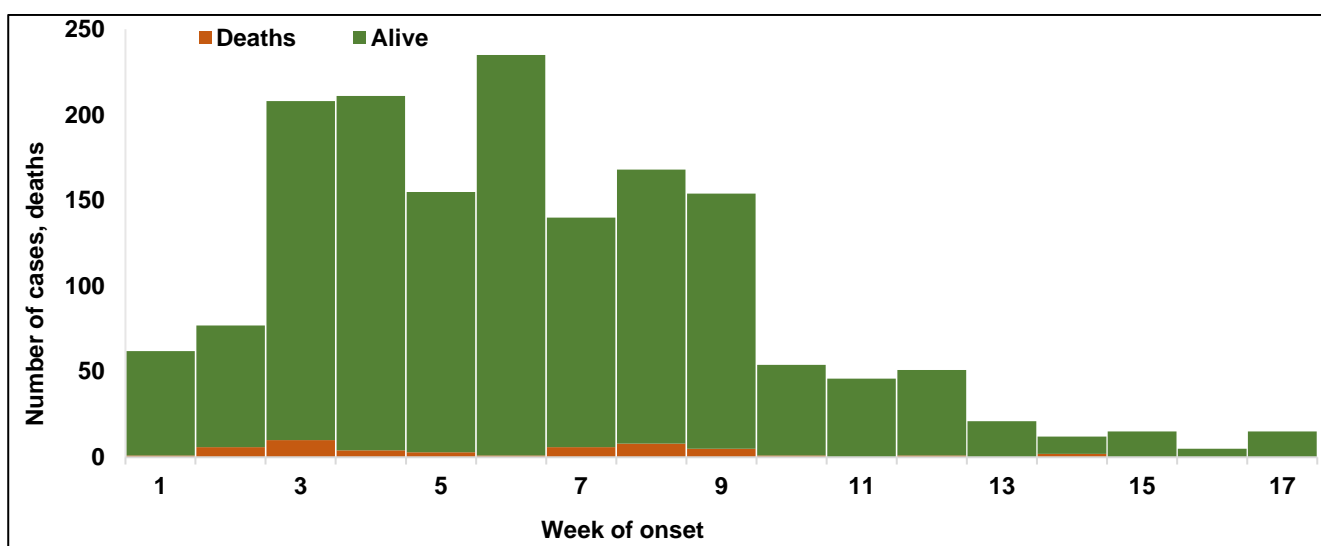


Figure 1: National Epidemic curve of weekly reported Cholera cases, week 1 to week 17, 2023

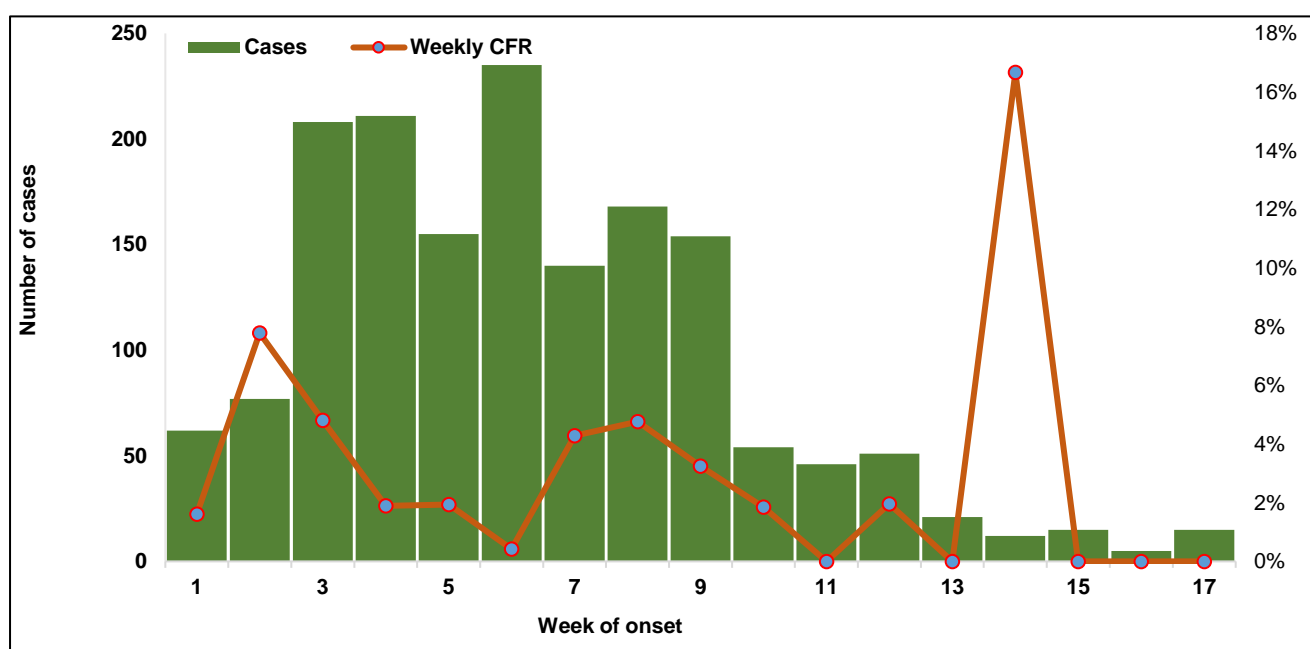


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 - 17

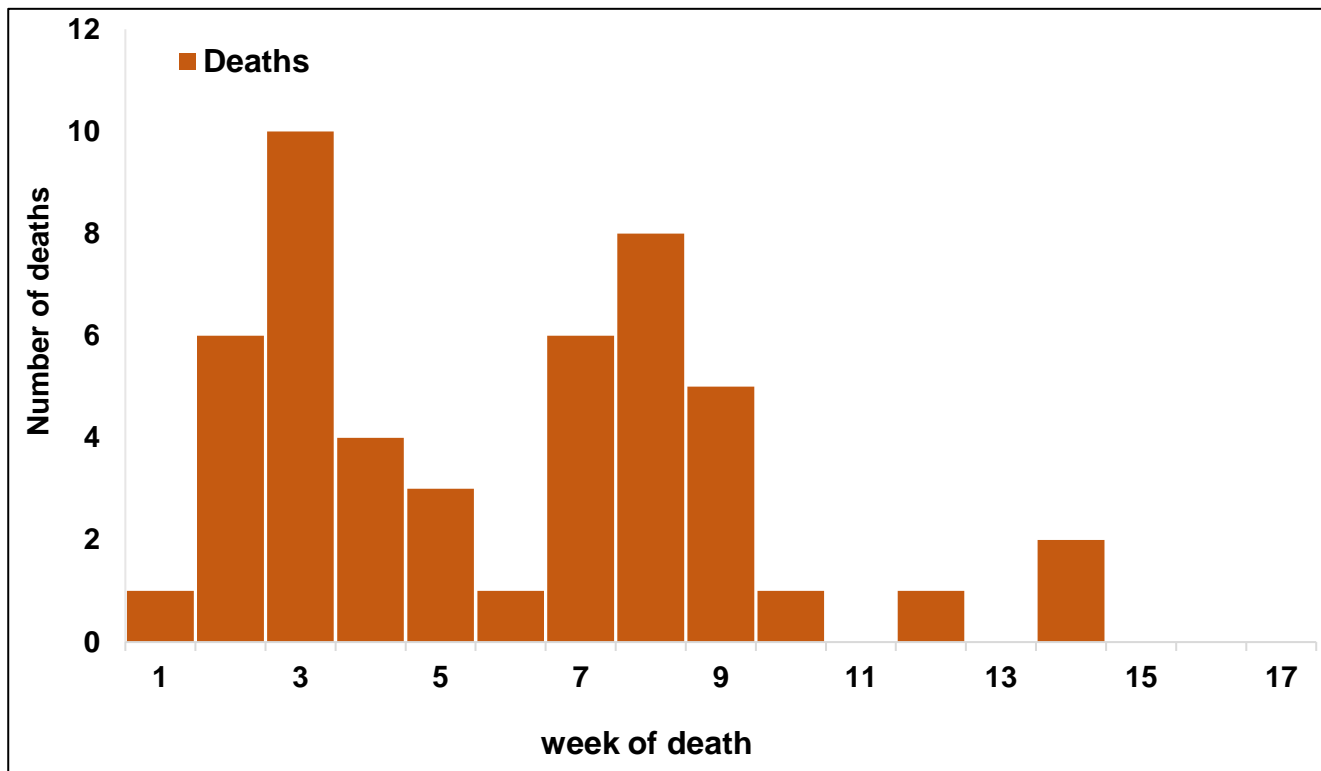


Figure 3: Trends in deaths, weeks 1 - 17, 2023, Nigeria

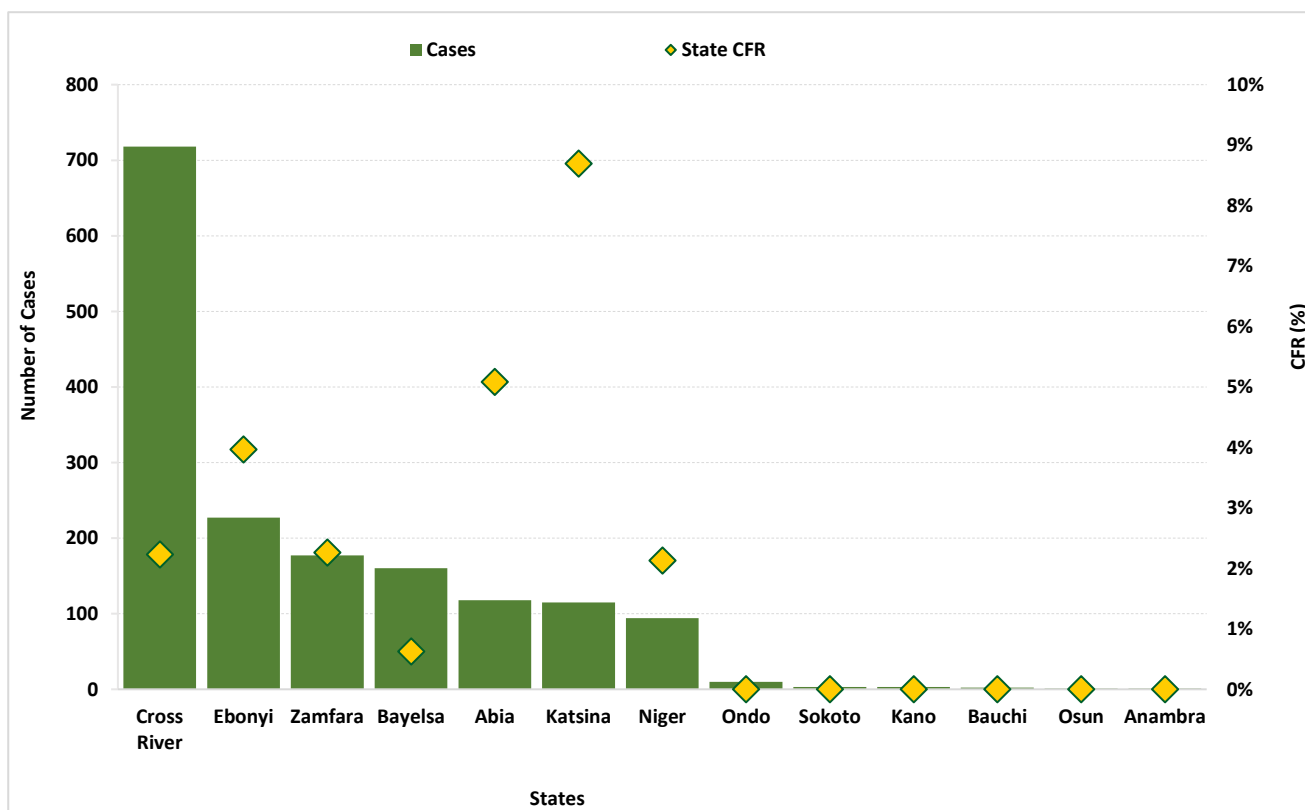


Figure 4: Number of cumulative cholera cases with case fatality ratio (CFR) by state, weeks 1 - 17, 2023

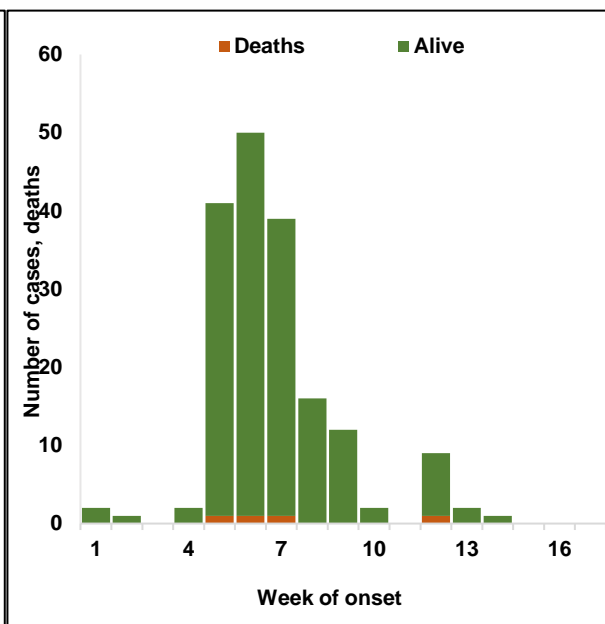
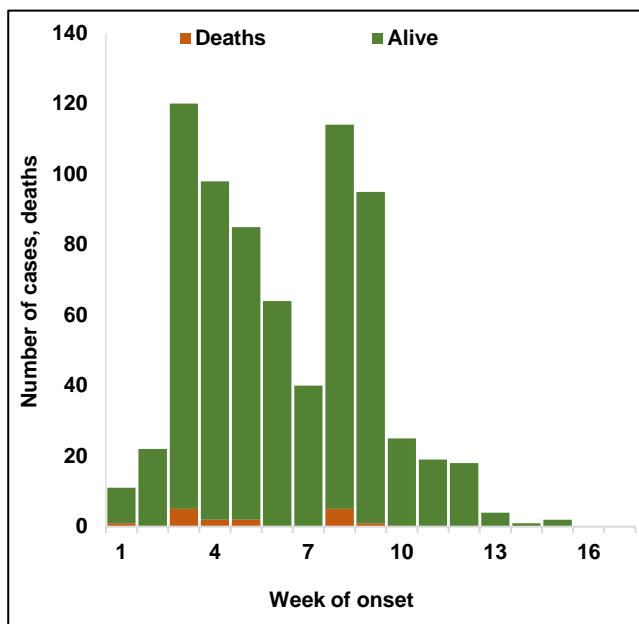


Fig 5: Cross River State epidemic curve, weeks 1 to 17, 2023 Fig 6: Zamfara State epidemic curve, weeks 1 to 17, 2023

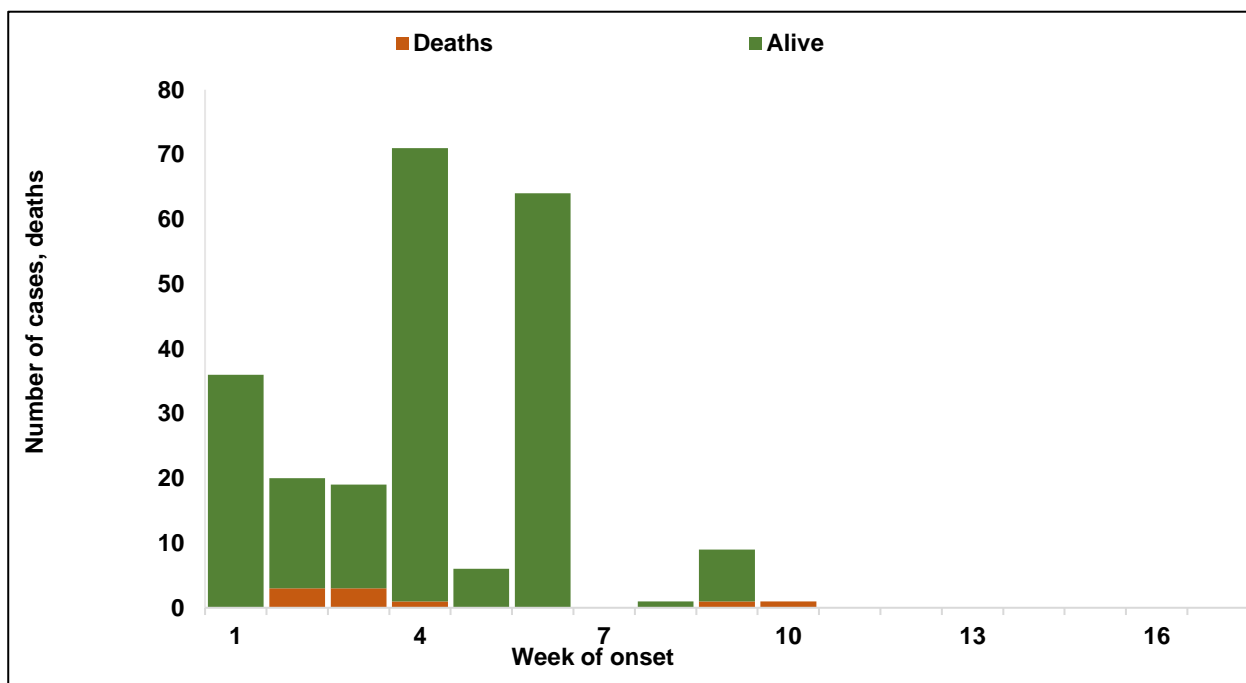


Fig 7: Ebonyi State epidemic curve, weeks 1 to 17, 2023

Table 4: Top 10 states in cumulative cases

No	State	Suspected Cases	% Suspected cases	Cumulative % of suspected cases
1	Cross River	709	53%	53%
2	Ebonyi	183	14%	67%
3	Zamfara	181	14%	81%
4	Bayelsa	98	7%	88%
5	Abia	72	5%	93%
6	Katsina	36	3%	96%
7	Niger	38	3%	99%
8	Ondo	10	1%	100%
9	Sokoto	3	0%	100%
10	Kano	3	0%	100%
Total		1333	100%	

Table 5: Top 15 Local Government Areas (LGAs) in cumulative cases

No	LGA	State	Suspected Cases	% of Suspected cases	Cumulative % of Suspected Cases
1	Obubra	Cross River	515	32%	32%
2	Gusau	Zamfara	177	11%	43%
3	Ikwo	Ebonyi	146	9%	52%
4	Abi	Cross River	80	5%	57%
5	Umuahia North	Abia	69	4%	61%
6	Southern Ijaw	Bayelsa	56	3%	64%
7	Yenagoa	Bayelsa	45	3%	67%
8	Ikom	Cross River	44	3%	70%
9	Mokwa	Niger	38	2%	72%
10	Afikpo North	Ebonyi	35	2%	74%
11	Etung	Cross River	29	2%	76%
12	Ishielu	Ebonyi	27	2%	78%
13	Kankara	Katsina	23	1%	79%
14	Mariga	Niger	22	1%	80%
15	Umu-Nneochi	Abia	22	1%	81%
Total			1328		

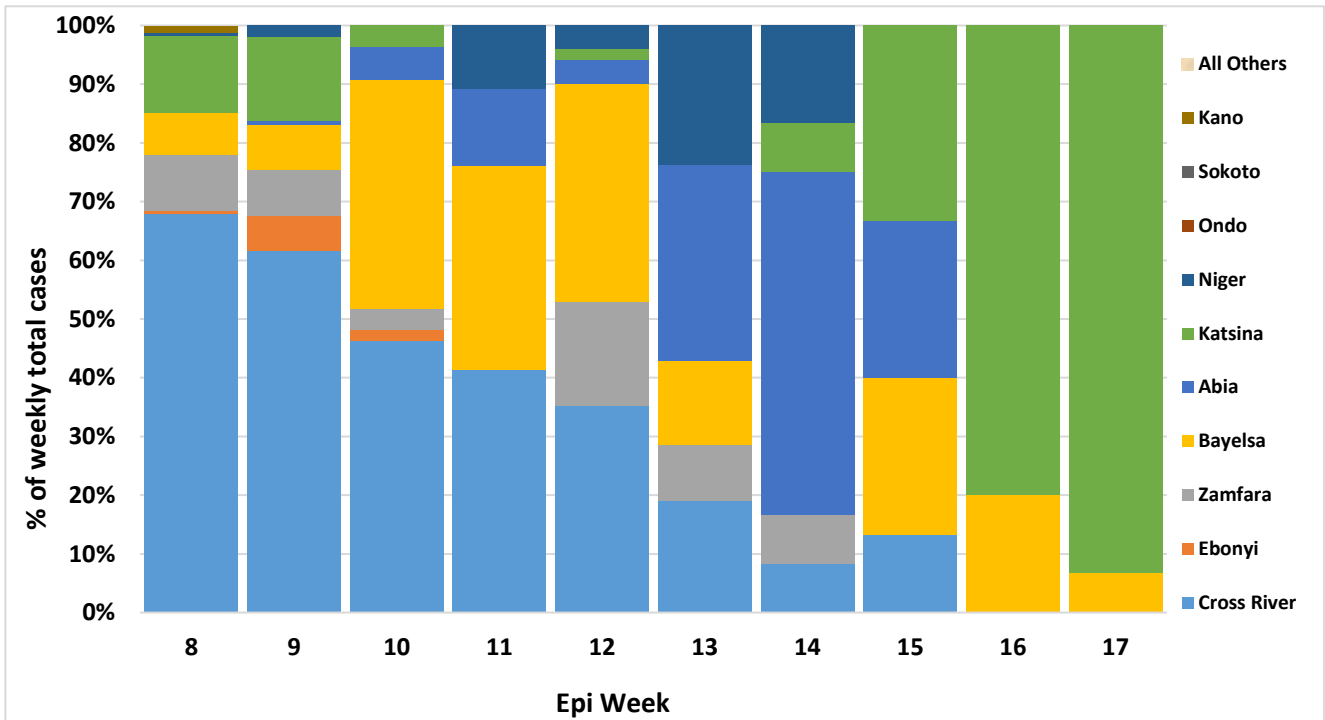


Figure 8: Proportion contribution of suspected cases by states in recent 10 epi - weeks

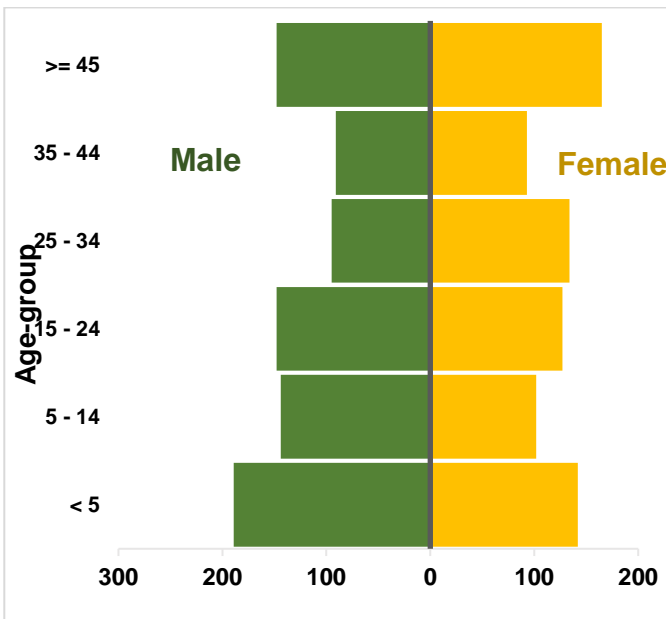


Figure 9: Age-Sex Pyramid for cumulative Cholera Cases, Weeks 1-17, 2023: N=1336

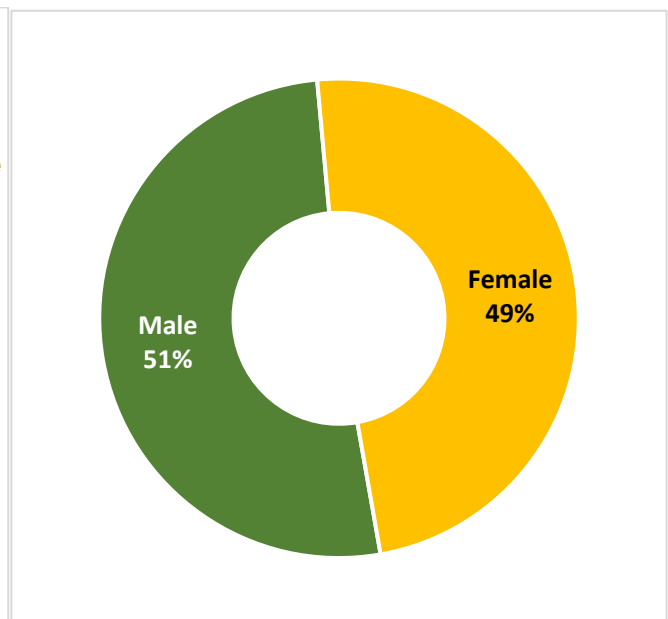


Figure 10: Sex disaggregation for cumulative Cholera cases, Weeks 1-17, 2023: N=1336

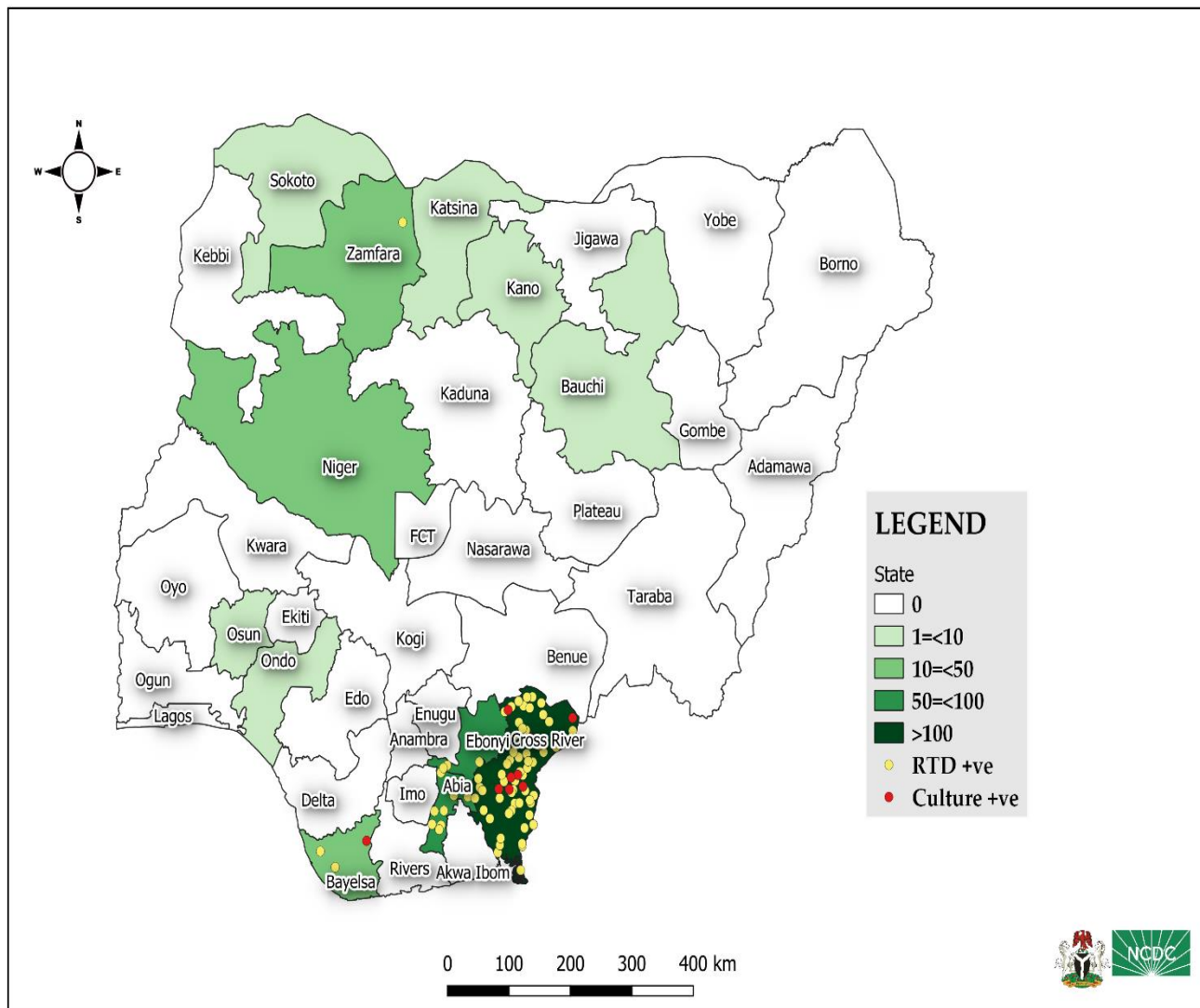


Fig. 11: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 17, 2023

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) Providing offsite/onsite support to states and follow up for daily reporting and progress with response activities 	<ul style="list-style-type: none"> Continue data collation and harmonisation Planned cholera surveillance evaluation across states
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"> Planned sub-national level training of Laboratory Scientists on sample collection and analysis Planned 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 	<ul style="list-style-type: none"> Continue distribution of hygiene kits to affected states

	workshop	
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 Continued follow-up with states for update on risk communication
State Response	Multi-sectoral State-level Emergency Operation Centres (EOCs) activated in Cross River and Ebonyi States	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
- Planned 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 cholerae* O1 or O139 has been isolated in the stool by culture

Erratum

- *A backlog of suspected cases from epi week 1 - 4 (43) was added*
- *A backlog of dead in suspected cases from epi week 1 - 4 (0) was added*
- *A backlog of suspected cases from epi week 5 - 9 (129) was added*
- *A backlog of dead in suspected cases from epi week 5 - 9 (11) was added*
- *A backlog of suspected cases from epi week 10 - 13 (74) was added*
- *A backlog of dead in suspected cases from epi week 10 - 13 (0) was added*
- *The report published in the 'Cholera Sitrep Week 13' on 'Table 2: Deaths in suspected cases column for Jan - (43 in excess), Feb – (12 reduced), March – (1 in excess) and cumulative deaths in suspected cases is 42 in excess*

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 30th April, 2023