



# Cholera Situation Report

## MONTHLY EPIDEMIOLOGICAL REPORT 3

Epidemiological week 9 - 12: (26 February 2024 - 24 March 2024)

### Key Points

Table 1: Current Epi-summary for week 12, 2024

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
9	0	0.0%	1	2

Table 2: Cumulative suspected cases (Epi week 1 - 12, 2024)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
559	7	1.3%	18	40

Months	Epi-Weeks	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	258	3	1.2%	9	23
February	5 - 8	237	2	0.8%	17	28
March	9 - 12	64	2	3.1%	3	8

Table 3: Summary of monthly reported cases (Epi week 1 - 12, 2024)

	Week 1	Week 12	
<b>Summary</b>	<b>2023</b>	<b>2024</b>	<b>% Change</b>
<b>Suspected Cases</b>	1,927	559	-71%
<b>Deaths</b>	53	7	-87%
<b>CFR</b>	2.8%	1.3%	-54%

Table 4: Comparison of cumulative cases as at week 12, 2023 and 2024

### Week 12 Highlight

- 9 new cases were reported, 0 deaths with CFR = 0.0%
- 1 State Bayelsa (9) reported cases of Cholera within the Epidemiological week

### In the reporting month,

- States have reported 64 suspected cases of Cholera, Bayelsa (36), Abia (19) and Ondo (9)
- 2 Deaths were recorded with CFR = 3.1%
- 18 Rapid Diagnostic Tests (RDT) were conducted with 3 positive results (Ondo - 3)
- 5 stool culture tests were conducted with 1 positive result (Ondo – 1)
- National multi-sectoral Cholera TWG continues to monitor response across states

### Cumulative Epi-Summary for 2024

- As of **24<sup>th</sup> March 2024**, a **total of 559 suspected cases including 7 deaths (CFR 1.3%)** have been reported from 18 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, **49% are males and 51% are females**
- Bayelsa (356 cases) accounts for 64% of all suspected cases in the country of the 18 States that have reported cases of cholera
- Southern Ijaw LGA (133 cases) in Bayelsa State accounts for 24% of all suspected cases reported in the country
- Other States; Cross River (42 cases), Bauchi (38 cases), Delta (24 cases), Abia (24 cases), Nasarawa (19 cases), Ondo (11 cases), Katsina (9 cases), and Osun (8 cases) account for 31% 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 12 in 2023. Likewise, cumulative deaths recorded have decreased by 87% in 2024

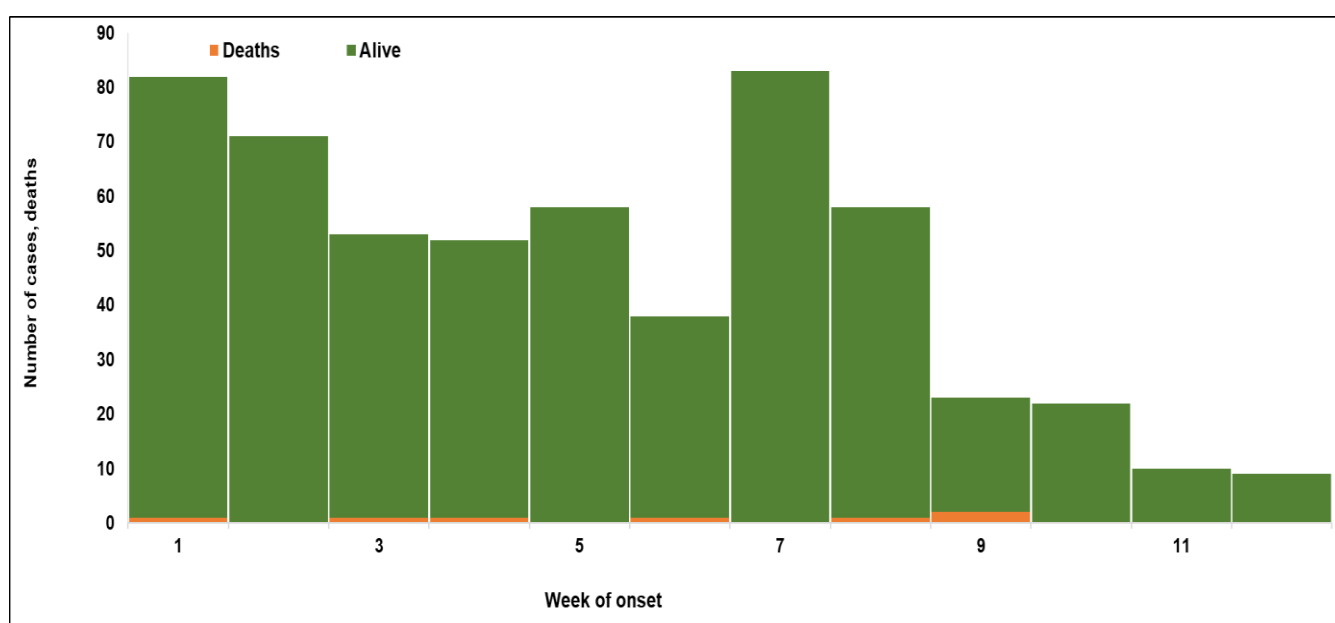


Figure 1: National Epidemic curve of weekly reported Cholera cases, week 1 to week 12, 2024

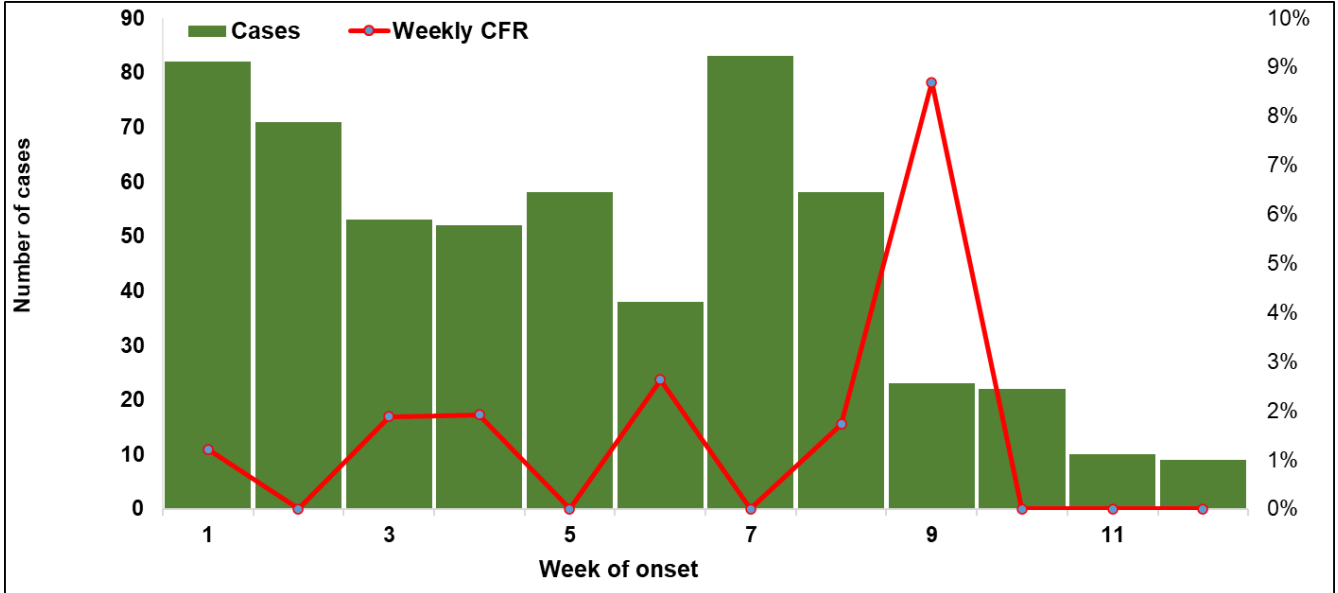


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 – 12, 2024, Nigeria

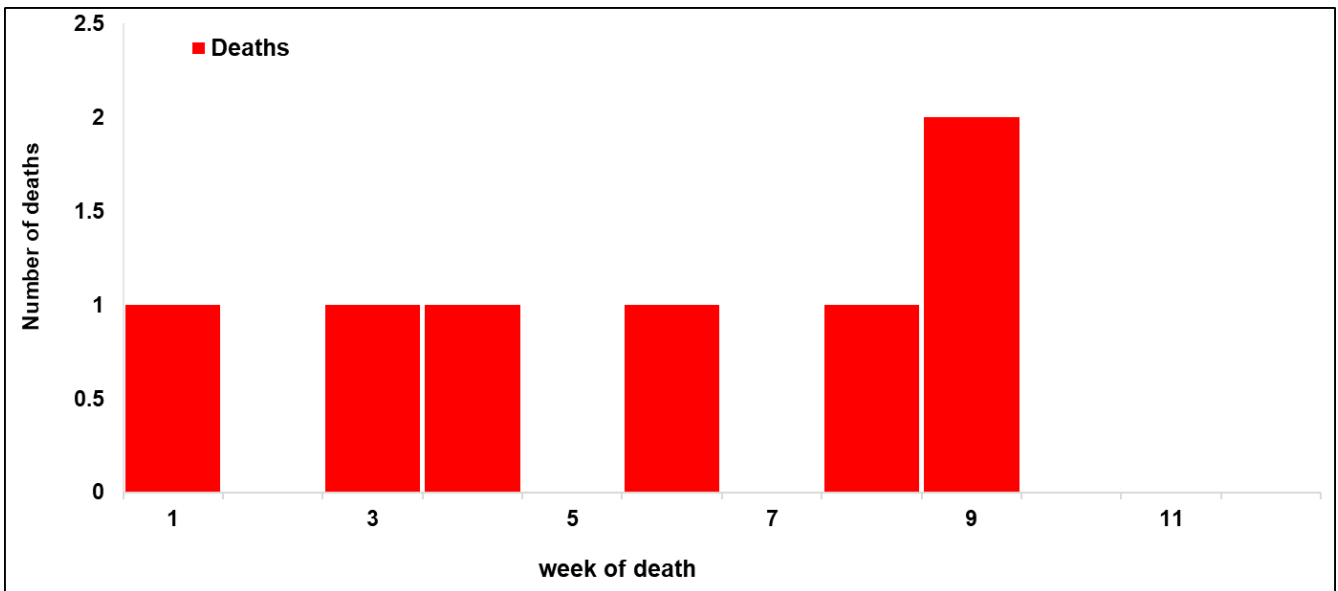


Figure 3: Trends in deaths, Epi weeks 1 - 12, 2024, Nigeria

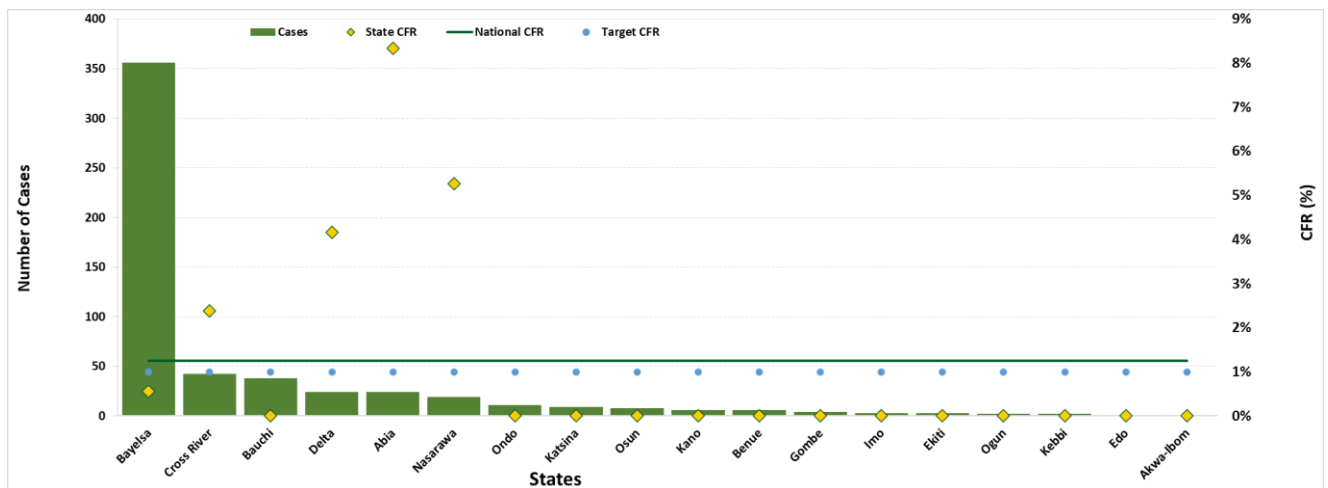


Figure 4: States' Cholera cases by Case fatality ratio (CFR) Epi-weeks 1 - 12, 2024

Table 5: Top 9 States in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Bayelsa	356	64%	64%
2	Cross River	42	8%	72%
3	Bauchi	38	7%	79%
4	Delta	24	4%	83%
5	Abia	24	4%	87%
6	Nasarawa	19	3%	90%
7	Ondo	11	2%	92%
8	Katsina	9	2%	94%
9	Osun	8	1%	95%
<b>Total</b>		<b>531</b>	<b>95%</b>	

Table 6: Top 14 Local Government Areas (LGAs) in cumulative cases

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Southern Ijaw	Bayelsa	133	24%	24%
2	Yenagoa	Bayelsa	62	11%	35%
3	Nembe	Bayelsa	54	10%	45%
4	Ogbia	Bayelsa	36	6%	51%
5	Giade	Bauchi	33	6%	57%
6	Ekeremor	Bayelsa	29	5%	62%
7	Warri Southwest	Delta	24	4%	66%
8	Kokona	Nasarawa	19	3%	70%
9	Sagbama	Bayelsa	19	3%	73%
10	Etung	Cross River	16	3%	76%
11	Bende	Abia	15	3%	79%
12	Biase	Cross River	13	2%	81%
13	Kolokuma/Opokuma	Bayelsa	12	2%	83%
14	Okitipupa	Ondo	11	2%	85%
<b>Total</b>			<b>476</b>	<b>85%</b>	

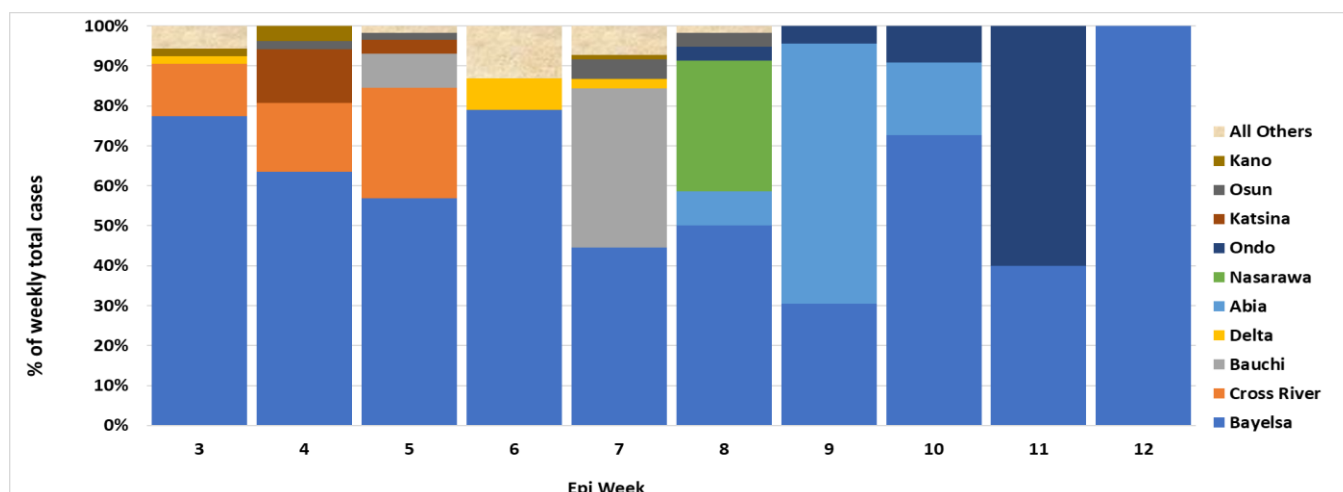


Figure 5: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

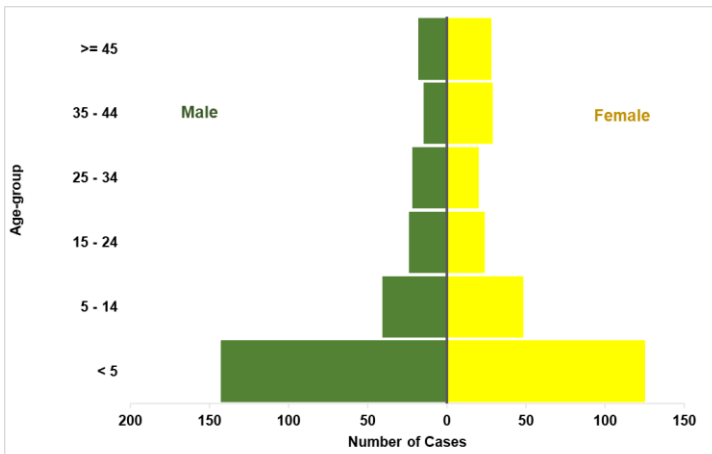


Figure 6. Age-Sex Pyramid for cumulative Cholera Cases, week 1-12, 2024: N=559

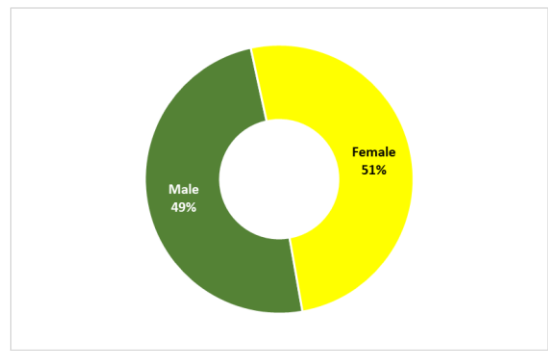


Figure 7. Sex disaggregation for cumulative Cholera cases, week 1-12, 2024: N=559

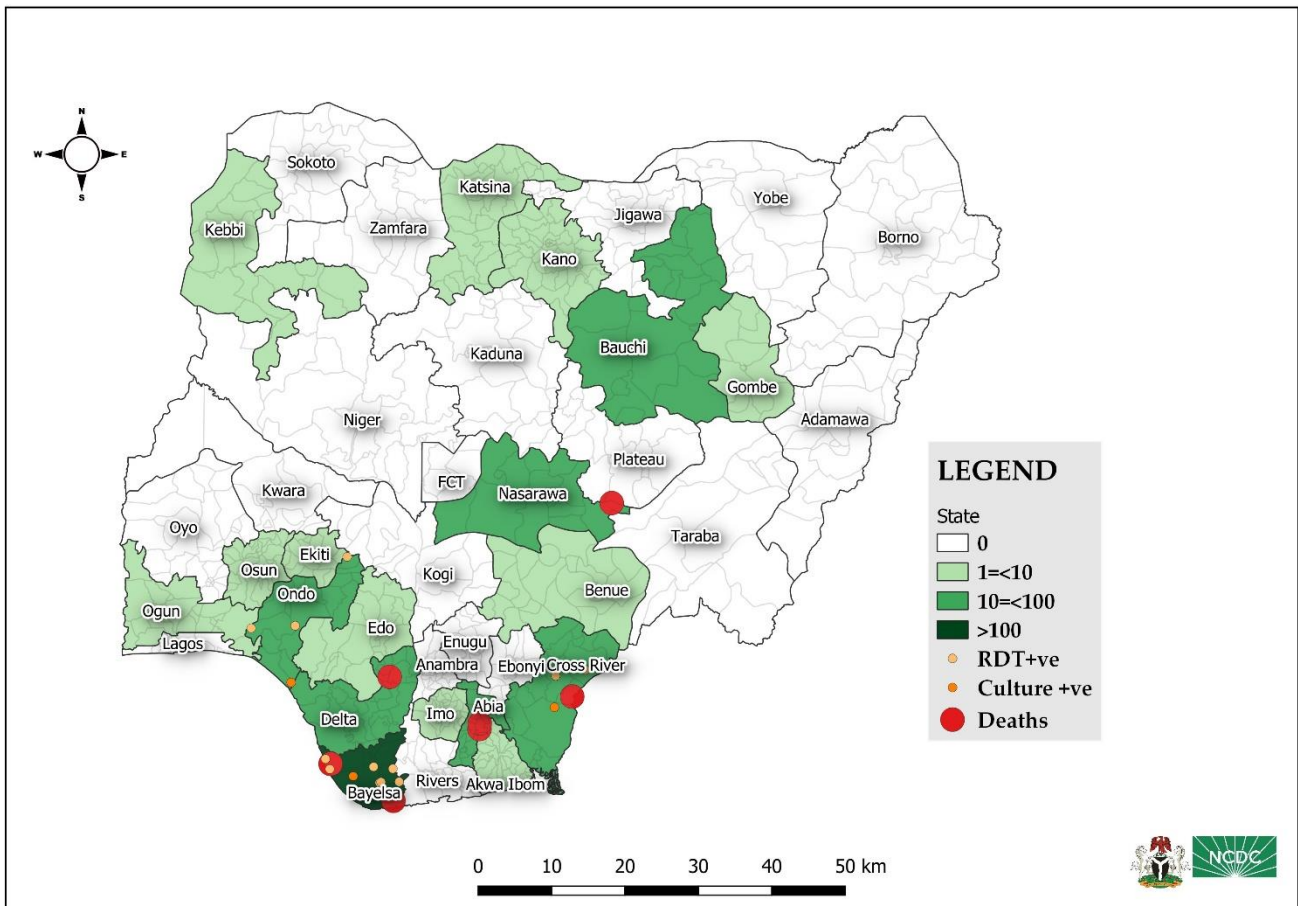


Fig. 8: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 12, 2024



	<ul style="list-style-type: none"> <li>• Providing offsite/onsite support to states and follow up for daily reporting and progress with response activities</li> </ul>	
<b>Case Management &amp; IPC</b>	<ul style="list-style-type: none"> <li>• Provided technical support and response commodities to affected states</li> <li>• Finalization workshop held on cholera case management guideline, treatment protocol and SOP harmonization</li> </ul>	<ul style="list-style-type: none"> <li>• Continue providing technical support on case management and IPC to states</li> <li>• Continue training of Health Care Workers (HCW) on management of cholera</li> <li>• Continuous follow up with states for updates and support</li> </ul>
<b>Laboratory</b>	<ul style="list-style-type: none"> <li>• Supported ongoing testing across state-level laboratories at NCDC National Reference Laboratory (NRL), Abuja and CPHL Yaba-Lagos</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing sub-national level training of Laboratory Scientists on sample collection and analysis</li> <li>• Ongoing finalization of cholera diagnostics guidelines and SOP</li> </ul>
<b>WASH</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Continuous construction of sanitation and hygiene facilities with boreholes in cholera hotspots</li> <li>• Conducted WASH Sector review workshop</li> </ul>	<ul style="list-style-type: none"> <li>• Continue distribution of hygiene kits to affected states</li> </ul>
<b>Logistics</b>	<ul style="list-style-type: none"> <li>• Essential response commodities are being distributed to all cholera affected states</li> </ul>	<ul style="list-style-type: none"> <li>• Continue supporting affected states with essential response commodities</li> </ul>
<b>Vaccination (led by NPHCDA)</b>	<ul style="list-style-type: none"> <li>• Epidemiological trend is being monitored to guide ICG request for planned vaccination campaigns</li> </ul>	<ul style="list-style-type: none"> <li>• Continue monitoring epidemiological trend to guide ICG request for planned vaccination campaigns</li> </ul>
<b>Risk communication</b>	<ul style="list-style-type: none"> <li>• Cholera jingles are being aired in English and local languages</li> <li>• Community social mobilisation, media interviews, distribution of Information, Education and Communication (IEC) materials and awareness campaigns ongoing in affected communities</li> <li>• Cholera advisory developed and circulated</li> </ul>	<ul style="list-style-type: none"> <li>• Continue airing of cholera jingles and distribution of IEC materials</li> <li>• Continue media engagement meetings and training of journalist, other media professionals</li> <li>• Continued follow-up with states for update on risk communication</li> </ul>
<b>State Response</b>	Multi-sectoral State-level Emergency Operation Centres (EOCs) activated in Bayelsa 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
- High attrition rate of skilled workforce

**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  $\geq 2$  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 for epi week 5 - 8 (144) was added*
- *A backlog of deaths in suspected cases for epi week 5 - 8 (1) was added*

**DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 24<sup>th</sup> MARCH 2024**