

Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 04

Epidemiological week 13-17: (28 March to 1 May 2022)

Key Points

Table 1: Summary of current week (Epi week 17, 2022)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
79	2	2.5%	1	3

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

Months	Epi- Week	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 5	772	24	3.1%	14	47
February	6 - 9	465	4	0.9%	11	26
March	10 - 12	122	3	2.5%	3	11
April	13 - 17	342	14	4.1%	2	11

Table 3: Cumulative summary from Epi week 1 - 17, 2022

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
1,861	54	2.9%	16	77

Week 17 Highlights

- Sixteen states have reported suspected cholera cases in 2022. These are Abia, Adamawa, Akwa Ibom, Bauchi, Bayelsa, Borno, Cross River, Katsina, Kebbi, Kwara, Lagos, Nasarawa, Ondo, Rivers, Taraba and Zamfara
- In the reporting month, 2 states reported **342** suspected cases – Cross River (24) and Taraba (319)
- There was **180% increase in the number of new suspected cases** in April Epi week 13 - 17 (342) compared with March Epi week 10 – 12 (122)
- In the reporting week, Taraba state reported **79** suspected cases
- Taraba state account for 100% of 79 suspected cases reported in week 17
- During the reporting week, only 28 Cholera Rapid Diagnostic Test (RDT) was conducted. The RDT conducted was from Taraba and 23 (82%) positive

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Epi Week: 13 2020

- 23 stool culture was conducted from Taraba and 13 (57%) positive
- Of the cases reported, there was two deaths from Taraba state reporting with a weekly case fatality ratio (CFR) of 2.5%
- No new state reported cases in week 17
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary

- As of 1st May 2022, a total of 1,861 suspected cases including 54 deaths (CFR 2.9%) have been reported from 16 states in 2022
- Of the suspected cases since the beginning of the year, age group <5 years is the most affected age group for male and female
- Of all suspected cases, 50% are males and 50% are females
- Three states - Taraba (615 cases), Cross River (593) and Katsina (134 cases) account for 72% of all cumulative cases
- Twelve LGAs across six states Cross River (5), Taraba (3), Bayelsa (1), Katsina (1), Kebbi (1) and Rivers (1) reported more than 30 cases each this year

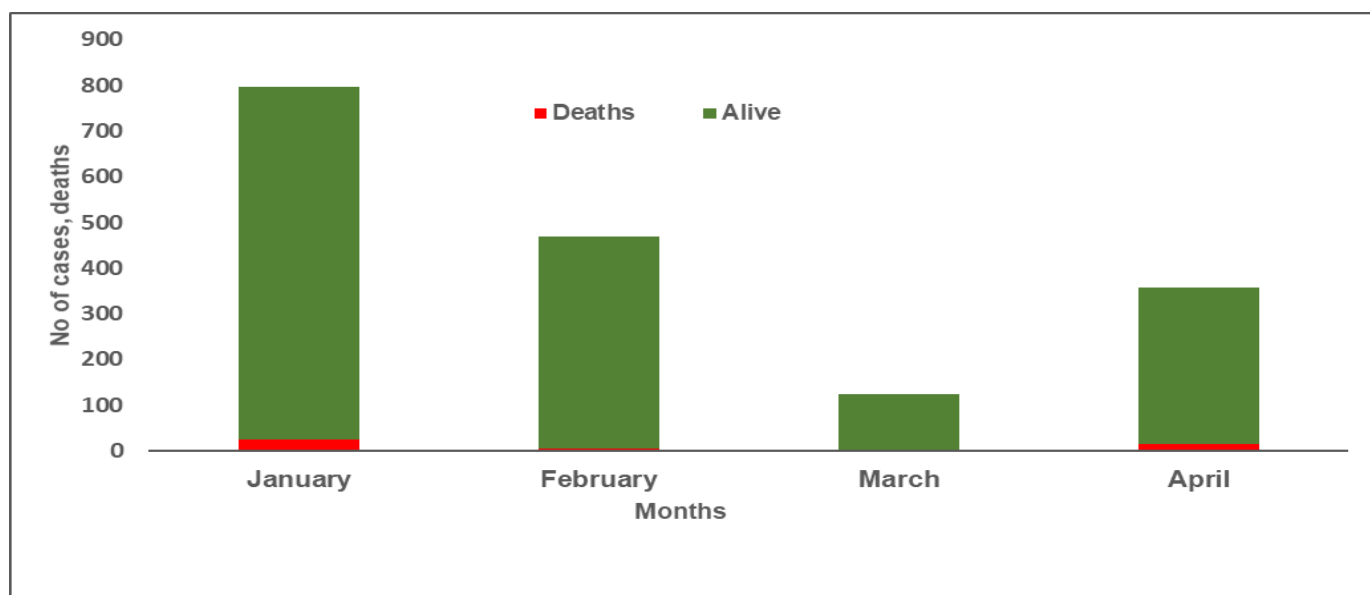


Figure 1: National Epidemic curve of monthly reported Cholera cases, week 1 to week 17, 2022

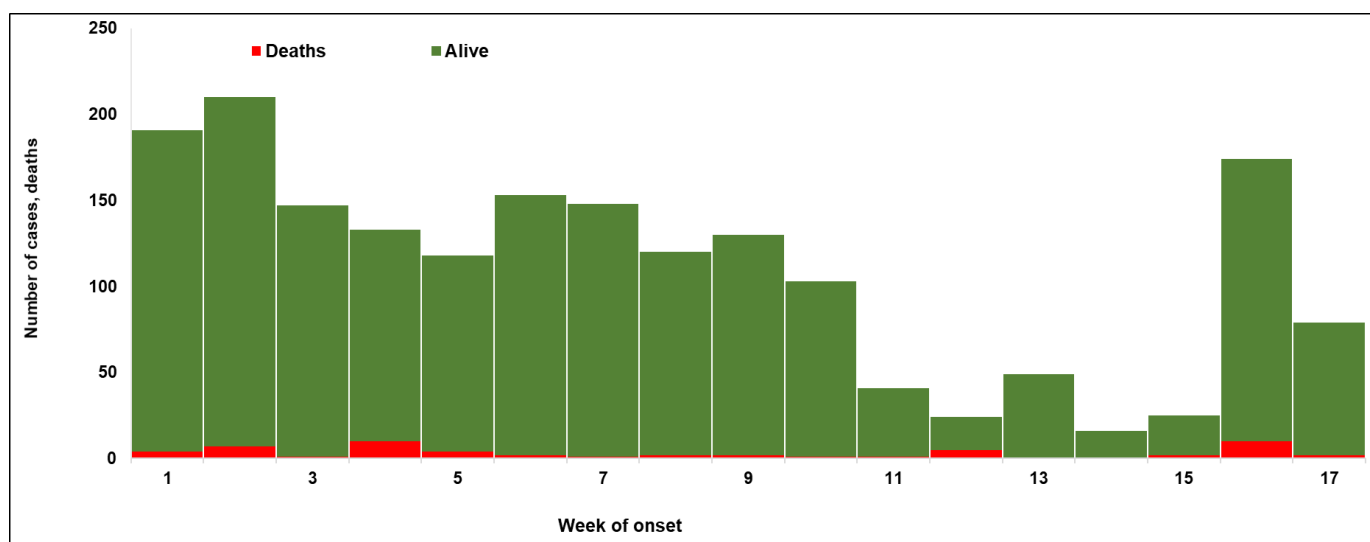


Figure 2: National Epidemic curve of weekly reported Cholera cases, week 1 to week 17, 2022

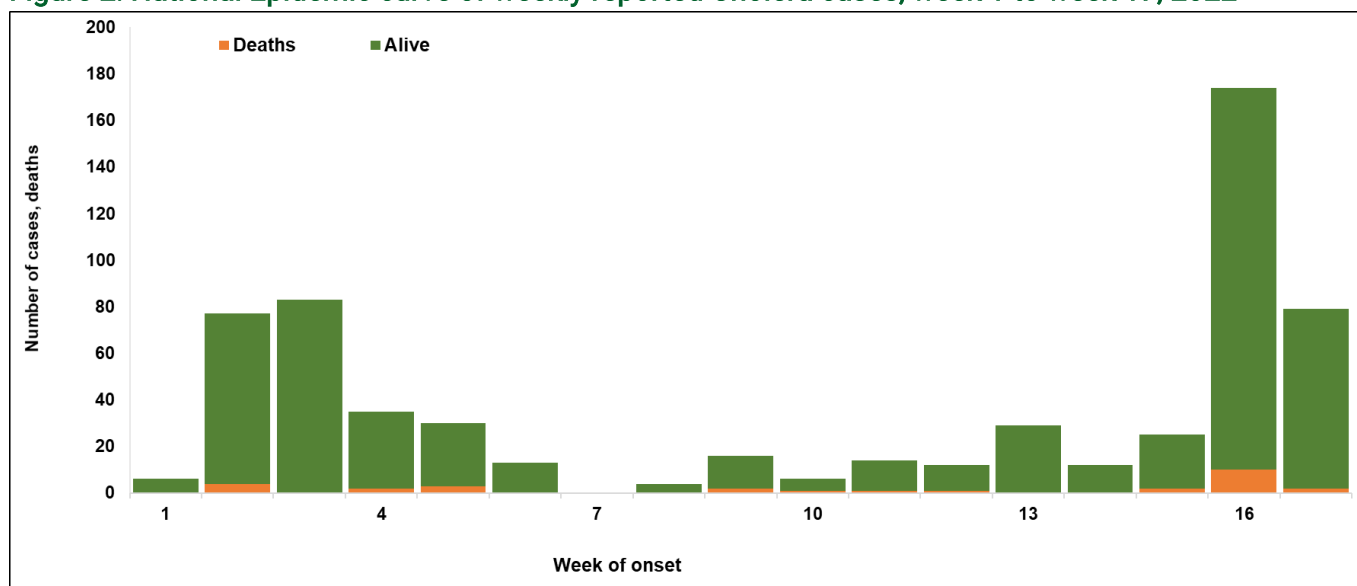


Fig 3: Taraba epidemic curve, week 1 to week 17, 2022

Table 4: Top 10 states in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Taraba	615	33%	33%
2	Cross River	593	32%	65%
3	Katsina	134	7%	72%
4	Borno	91	5%	77%
5	Bayelsa	76	4%	81%
6	Adamawa	56	3%	84%
7	Kebbi	53	3%	87%
8	Rivers	50	3%	92%
9	Ondo	41	2%	92%
10	Lagos	33	2%	94%
Total		1951	94%	

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

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Bali	Taraba	252	14%	14%
2	Gassol	Taraba	196	11%	25%
3	Ogoja	Cross River	182	10%	35%
4	Wukari	Taraba	145	8%	43%

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5	Ikom	Cross River	142	8%	51%
6	Calabar Municipal	Cross River	101	5%	56%
7	Katsina	Katsina	75	4%	60%
8	Odukpani	Cross River	70	4%	64%
9	Obanliku	Cross River	64	3%	67%
10	Aleiro	Kebbi	50	3%	70%
11	Degema	Rivers	46	2%	72%
12	Southern/Ijaw	Bayelsa	42	2%	74%
13	Edu	Kwara	30	2%	76%
14	Mafa	Borno	30	2%	78%
15	Maiduguri	Borno	29	2%	80%
Total			1454	80%	

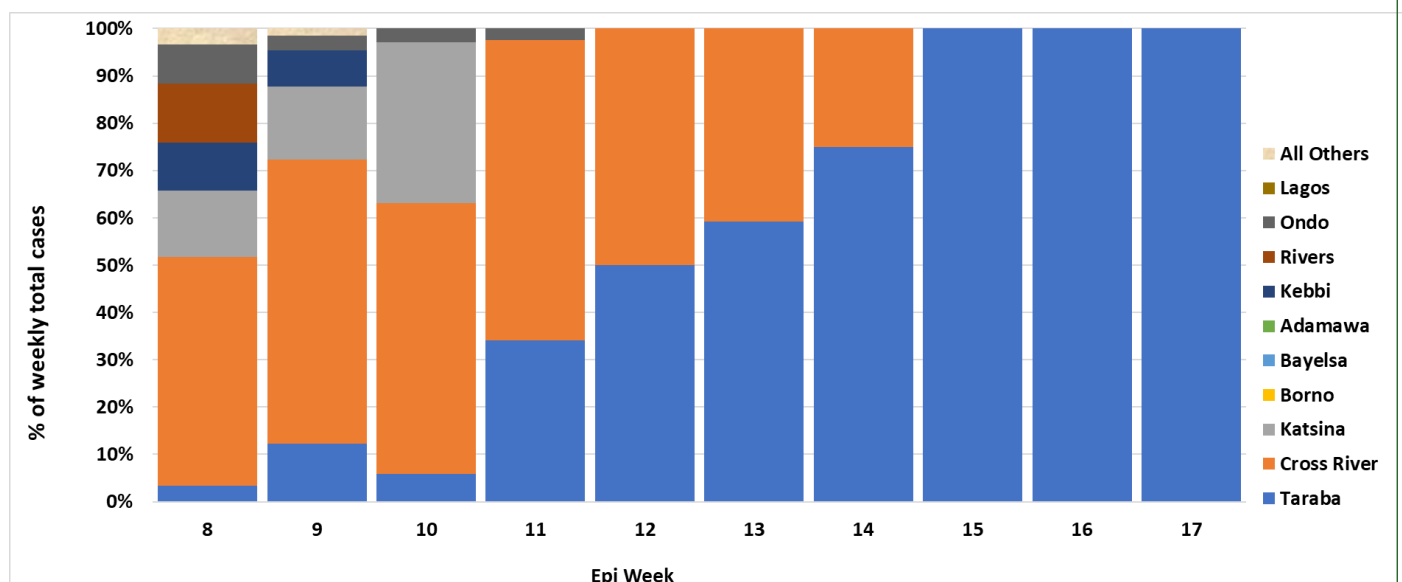


Figure 5: Percentage contribution of weekly cases by state in recent 10 weeks, week 8 - 17, 2022

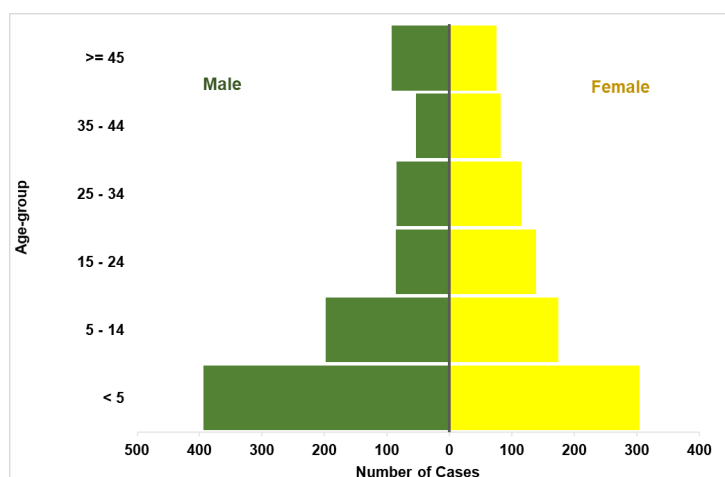


Figure 9. Age-Sex Pyramid for cumulative Cholera Cases, week 1-17 , 2022: N=1,858

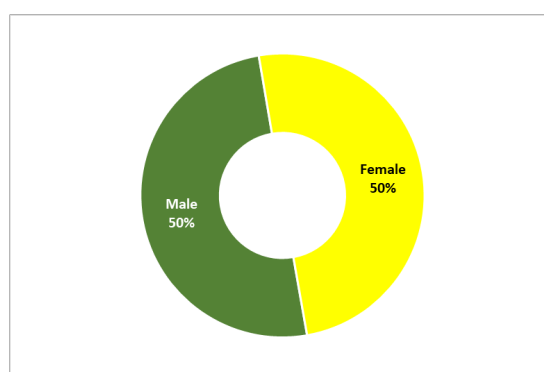


Figure 10. Sex disaggregation for cumulative Cholera cases, week 1-17 , 2022: N=1,858

Figure 6: Age – Sex Pyramid and Sex Aggregation for cholera cases week 1-17, 2022. N = 1858

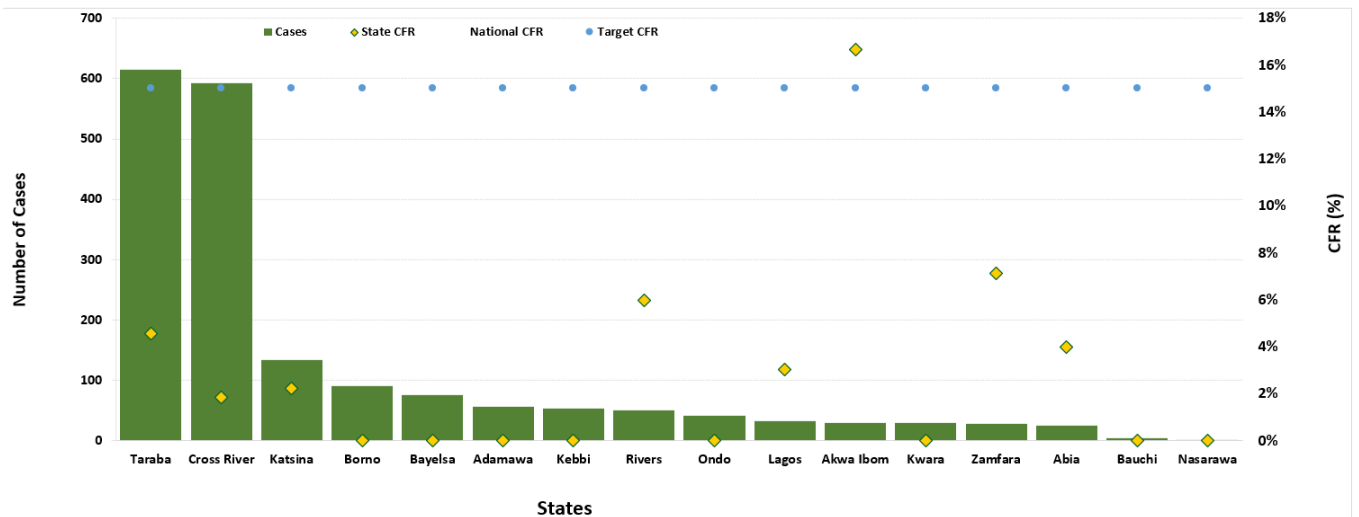


Figure 7: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1 - 17, 2022

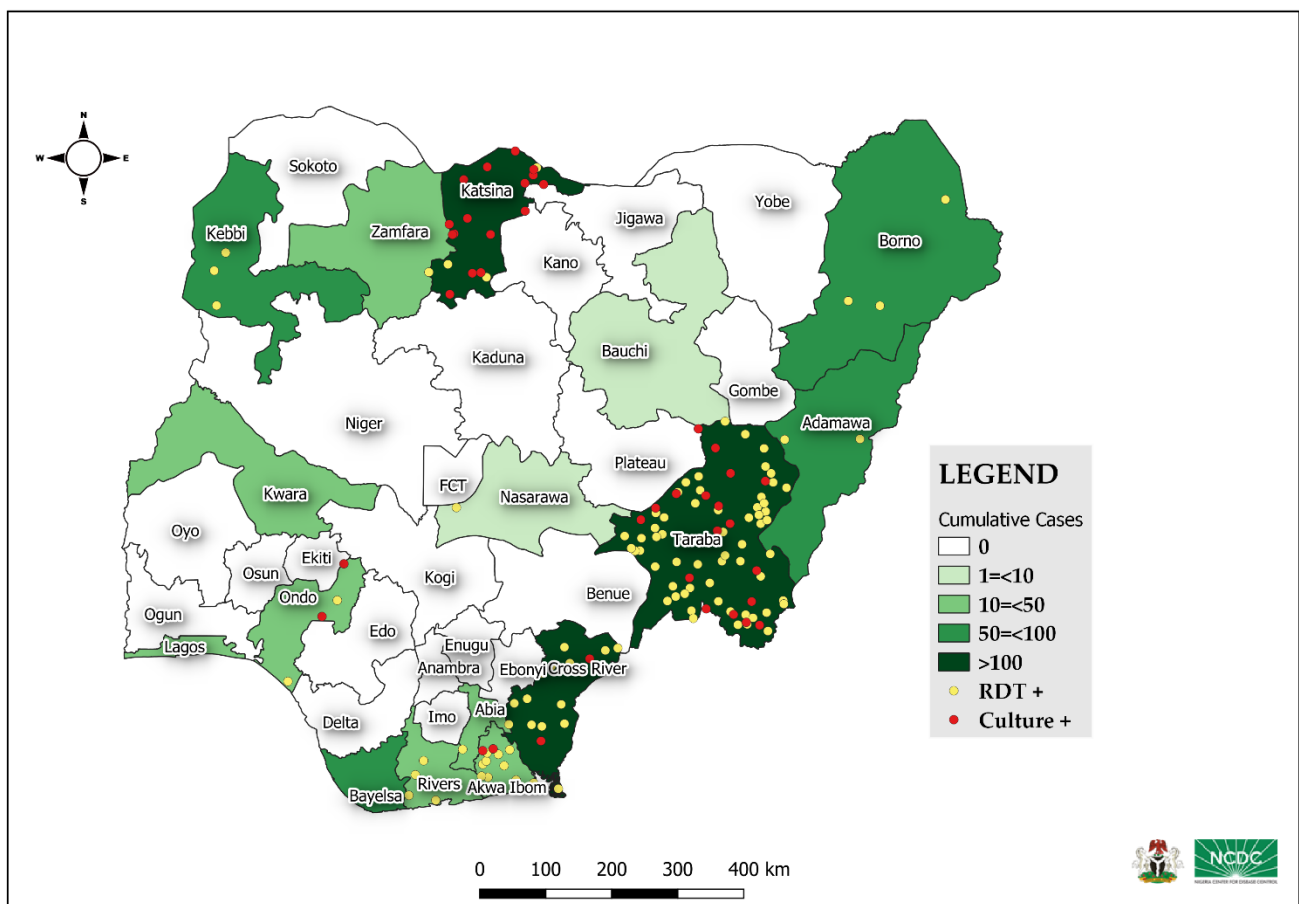


Figure 8. Map of Nigeria showing states with RDT + Culture and suspected cases, week 1 - 17, 2022

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 (FMEnvrt), and 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 Planned 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 	<ul style="list-style-type: none"> Planned sub-national level training of Laboratory Scientists on sample collection and analysis Planned review 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 	<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 Continued follow-up with states for update on risk communication
State Response	Multi-sectoral State-level EOC currently activated in Taraba and 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
- Pre-position response commodities across states
- Build capacity for sample collection, transportation and laboratory diagnosis
- Planned cholera surveillance evaluation across states
- Scale up risk communications
- Planned 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

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 1st May 2022