



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 07

Epidemiological week 27-30: (03 July, 2023 - 30 July, 2023)

Key Points

Table 1: Current Epi-summary for week 30, 2023

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

Table 2: Cumulative suspected cases (Epi week 1 - 30, 2023)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
2309	57	2.5%	26	111

Table 3: Summary of monthly reported cases (Epi week 1 - 30, 2023)

Months	Epi- Weeks	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	568	21	3.7%	14	45
February	5 - 9	967	24	2.5%	14	53
March	10 - 13	292	4	1.4%	14	40
April	14 - 17	115	2	1.7%	10	27
May	18 - 21	132	1	0.8%	12	23
June	22 - 26	158	2	1.3%	14	29
July	27 - 30	77	3	3.9%	11	19

	Weeks 1 to 30			
	2022	2023	% Change	
Summary	2022	2023	% Change	
Suspected Cases	5693	2309	↓	59%
Deaths	181	57	↓	69%
CFR	3.20%	2.50%	↓	22%

Table 4: Comparison of cumulative cases as at week 30, 2022 and 2023

Week 30 Highlight

- 2 new cases were reported.
- 2 States Niger (1), Adamawa (1) reported cases of Cholera within the Epidemiological week

In the reporting month,

- States have reported 77 suspected cases of Cholera, Kano (23), Jigawa (10), Katsina (11), Bauchi (7), Gombe (5), Kaduna (5), Bayelsa (3), Niger (2), Borno (2), and both Zamfara and Adamawa reported (1) case each
- 3 Deaths were recorded
- 4 Rapid Diagnostic Tests (RDT) were conducted with no positive result
- 16 stool culture tests were conducted with no positive result
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary for 2023

- As of **30 July 2023**, a total of **2,309 suspected cases including 57 deaths (CFR 2.5%)** have been reported from 26 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, **51% are males and 49% are females**
- Cross River (718 cases) accounts for 31% of all suspected cases in the country of the 26 States that have reported cases of cholera
- Obubra LGA (515 cases) in Cross River State accounts for 22% of all suspected cases reported in the country
- Other States; Katsina (302 cases), Zamfara (271 cases), Bayelsa (254 cases), and Ebonyi (227 cases) account for 46% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year is 59% fewer than what was reported as at Epi-week 30 in 2022. Likewise, cumulative deaths recorded is 69% fewer than in 2023

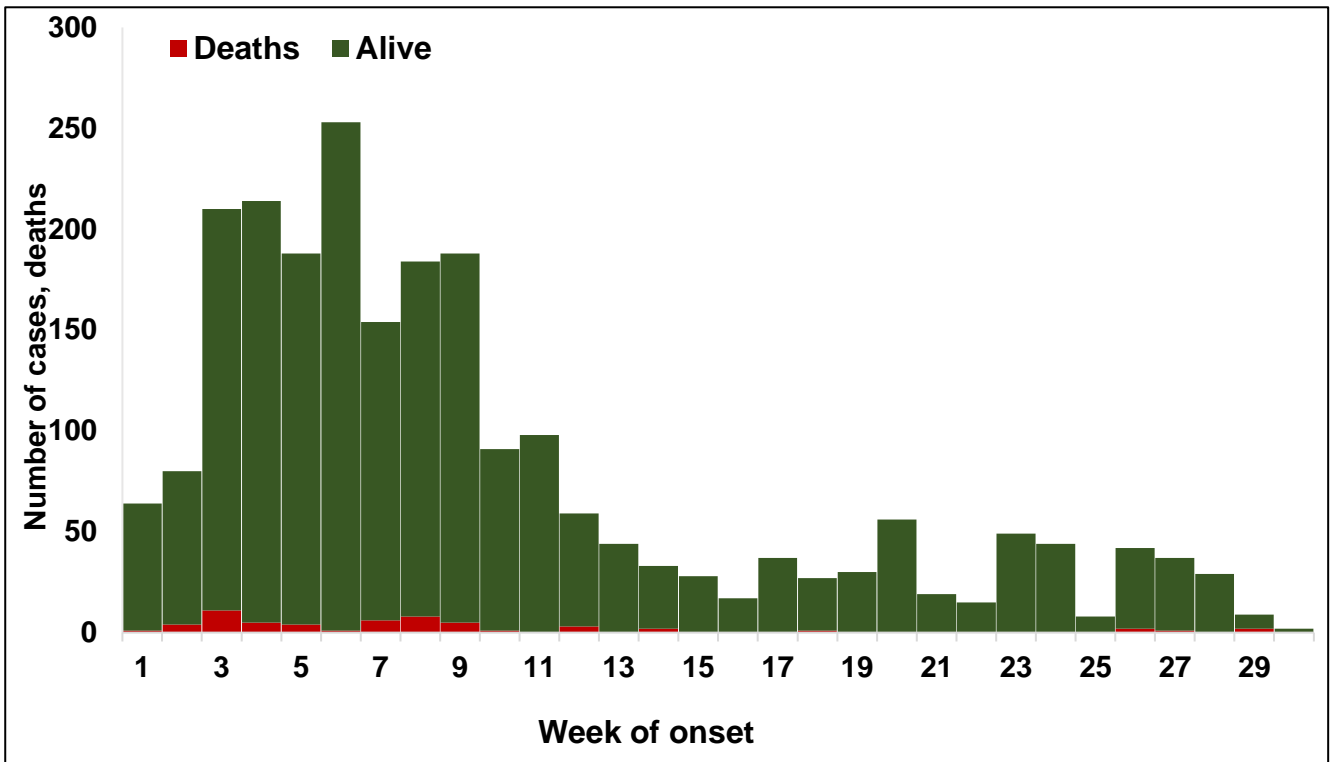


Figure 1: National Epidemic curve of weekly reported Cholera cases, week 1 to week 30, 2023

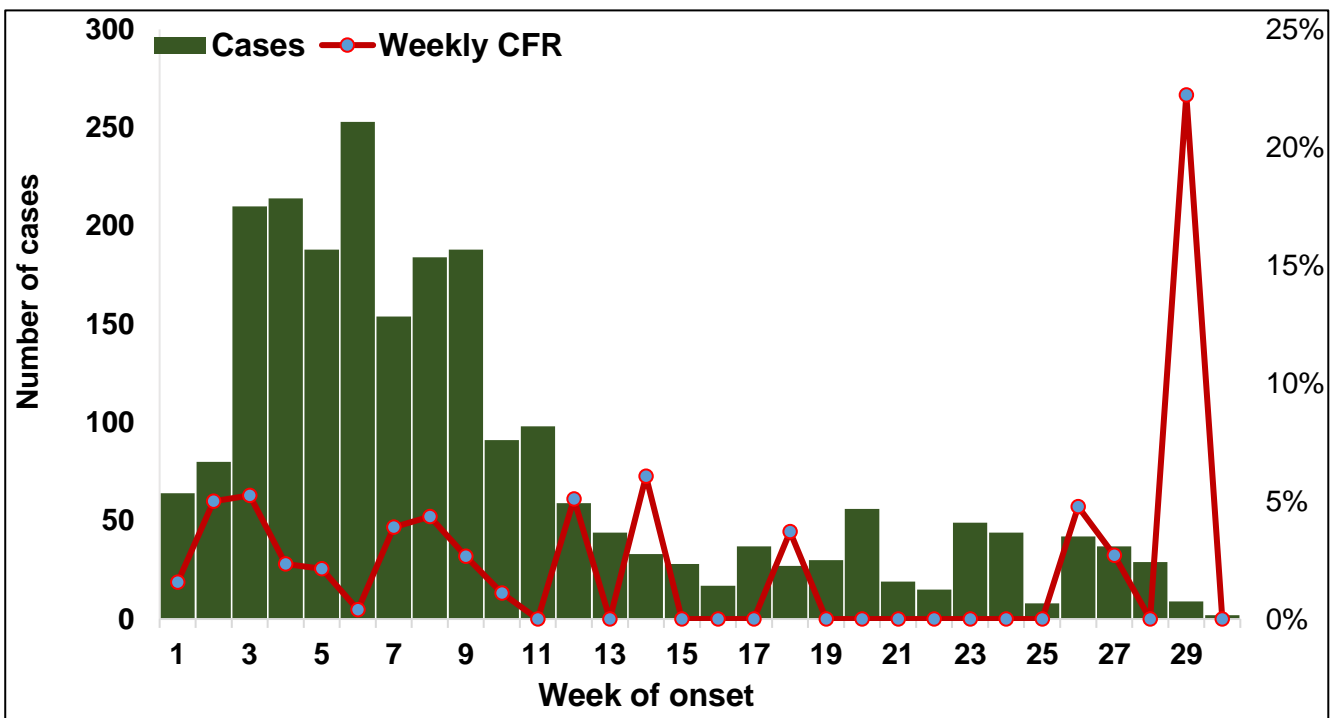


Figure 5: Trends in Case Fatality Ratio (CFR), Epi weeks 1 - 30, 2023, Nigeria

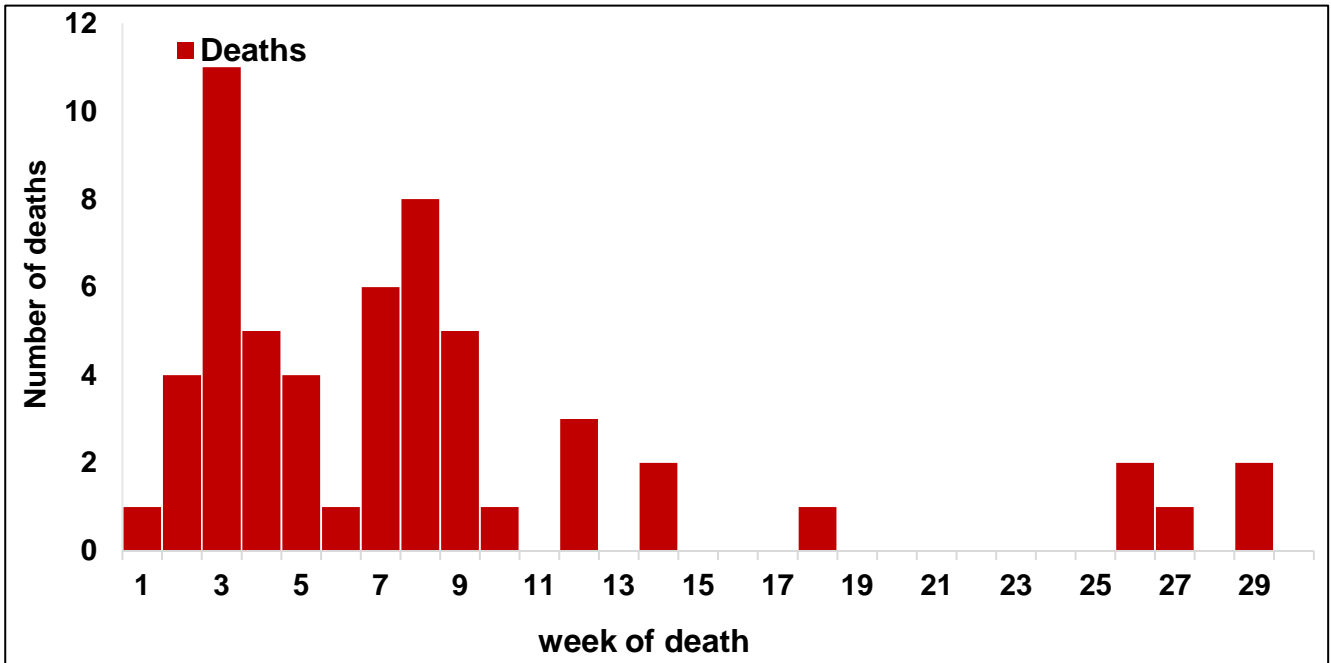


Figure 6: Trends in deaths, weeks 1 - 30, 2023, Nigeria

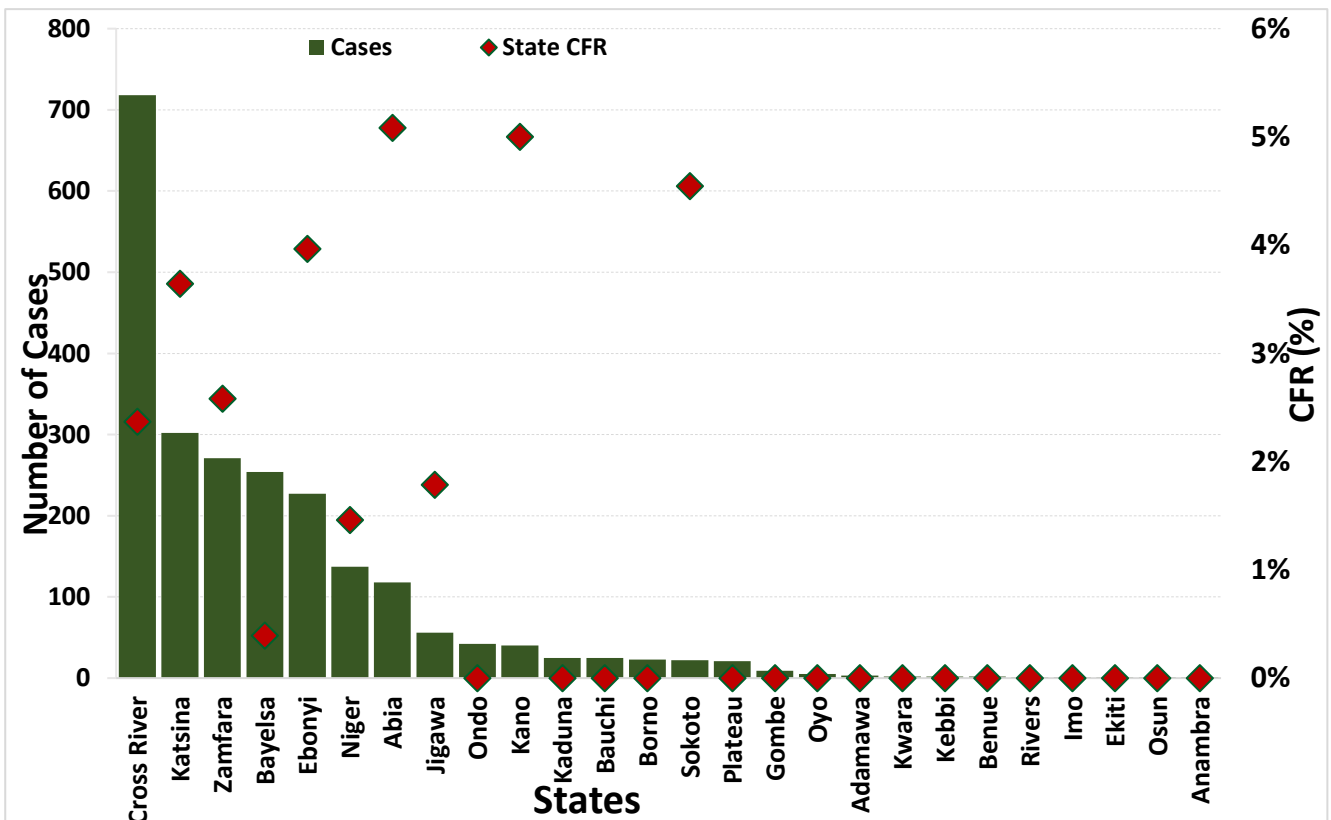


Figure 7: States' Cholera cases by Case fatality ratio (CFR) Epi-weeks 1 - 30, 2023

Table 4: Top 10 states in cumulative cases

No	State	Suspected Cases	% Suspected cases	Cumulative % of suspected cases
1	Cross River	718	31%	31%
2	Katsina	302	13%	44%
3	Zamfara	271	12%	56%
4	Bayelsa	254	11%	67%
5	Ebonyi	227	10%	77%
6	Niger	137	6%	83%
7	Abia	118	5%	88%
8	Jigawa	56	2%	93%
9	Ondo	42	2%	92%
10	Kano	40	2%	94%
Total		2165	94%	

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

S/No	LGA	State	Suspected Cases	% of Suspected cases	Cumulative % of Suspected Cases
1	Obubra	Cross River	515	22%	22%
2	Gusau	Zamfara	193	8%	30%
3	Ikwo	Ebonyi	146	6%	36%
4	Abi	Cross River	80	3%	39%
5	Southern Ijaw	Bayelsa	73	3%	42%
6	Yenagoa	Bayelsa	72	3%	45%
7	Umuahia North	Abia	69	3%	48%
8	Ikom	Cross River	44	2%	50%
9	Bakura	Zamfara	38	2%	52%
10	Mokwa	Niger	38	2%	54%
11	Funtua	Katsina	37	2%	56%
12	Sumaila	Kano	36	2%	58%
13	Afikpo North	Ebonyi	35	2%	60%
14	Sabuwa	Katsina	34	1%	61%
15	Bungudu	Zamfara	33	1%	62%
Total			1449	62%	

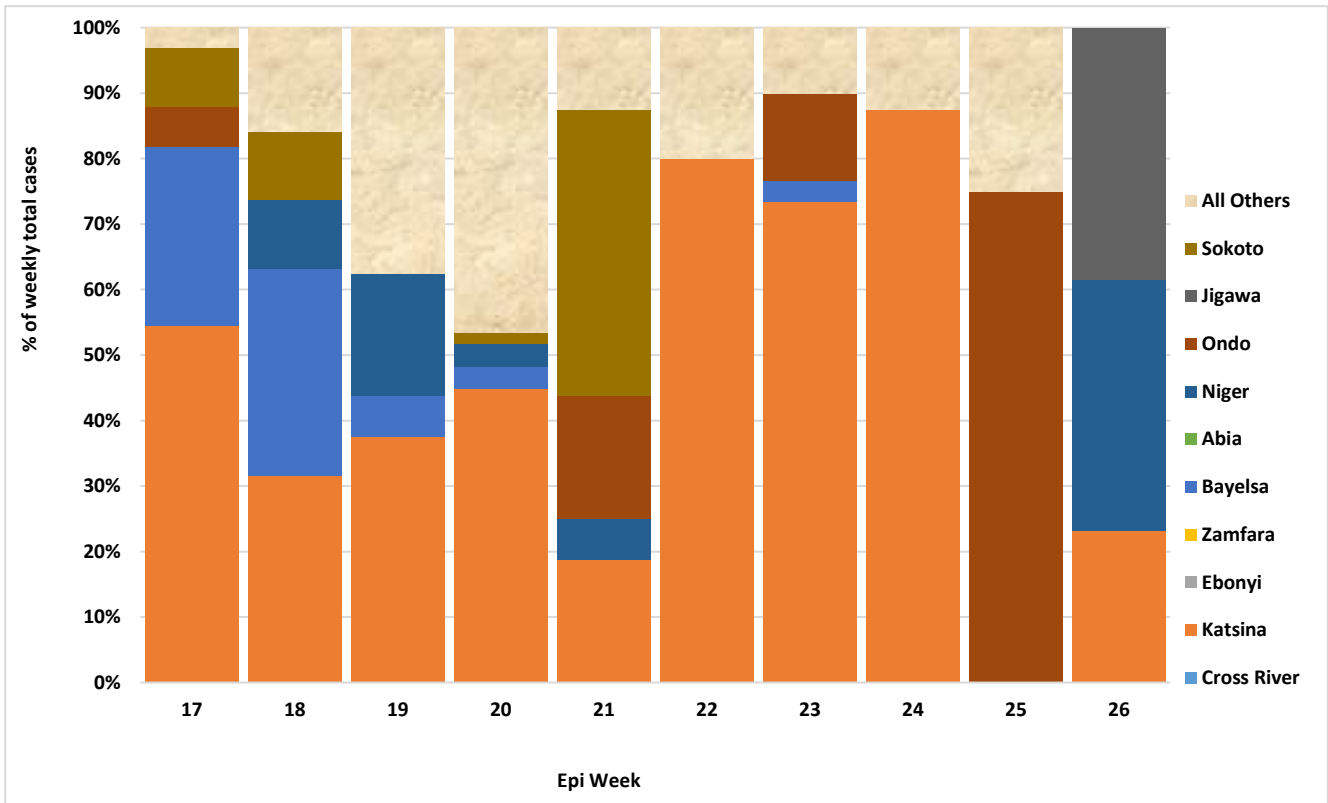


Figure 8: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

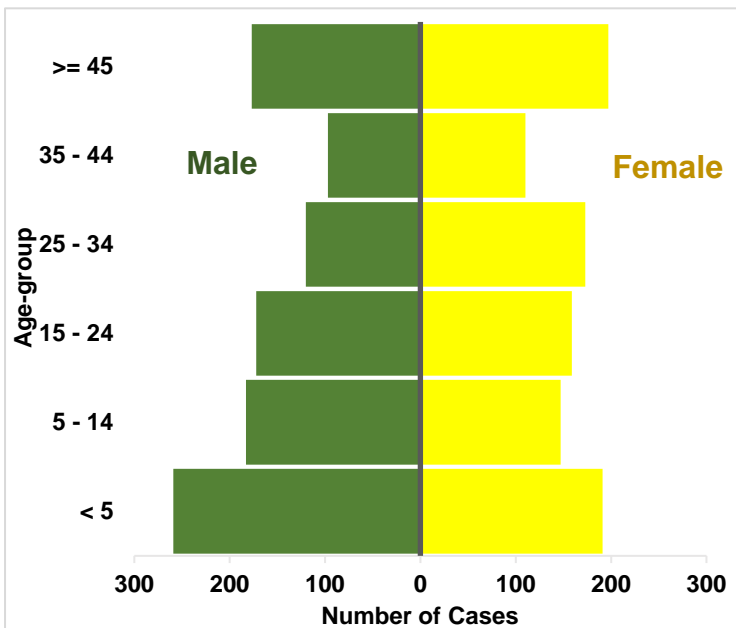


Figure 9: Age-Sex pyramid for cumulative cholera cases week 1-30, N=2,309

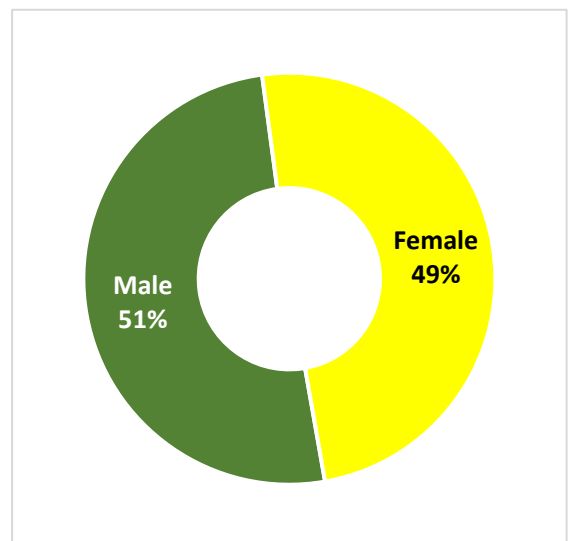


Figure 10: Sex disaggregation for cumulative cholera cases week 1-26, N=2,309

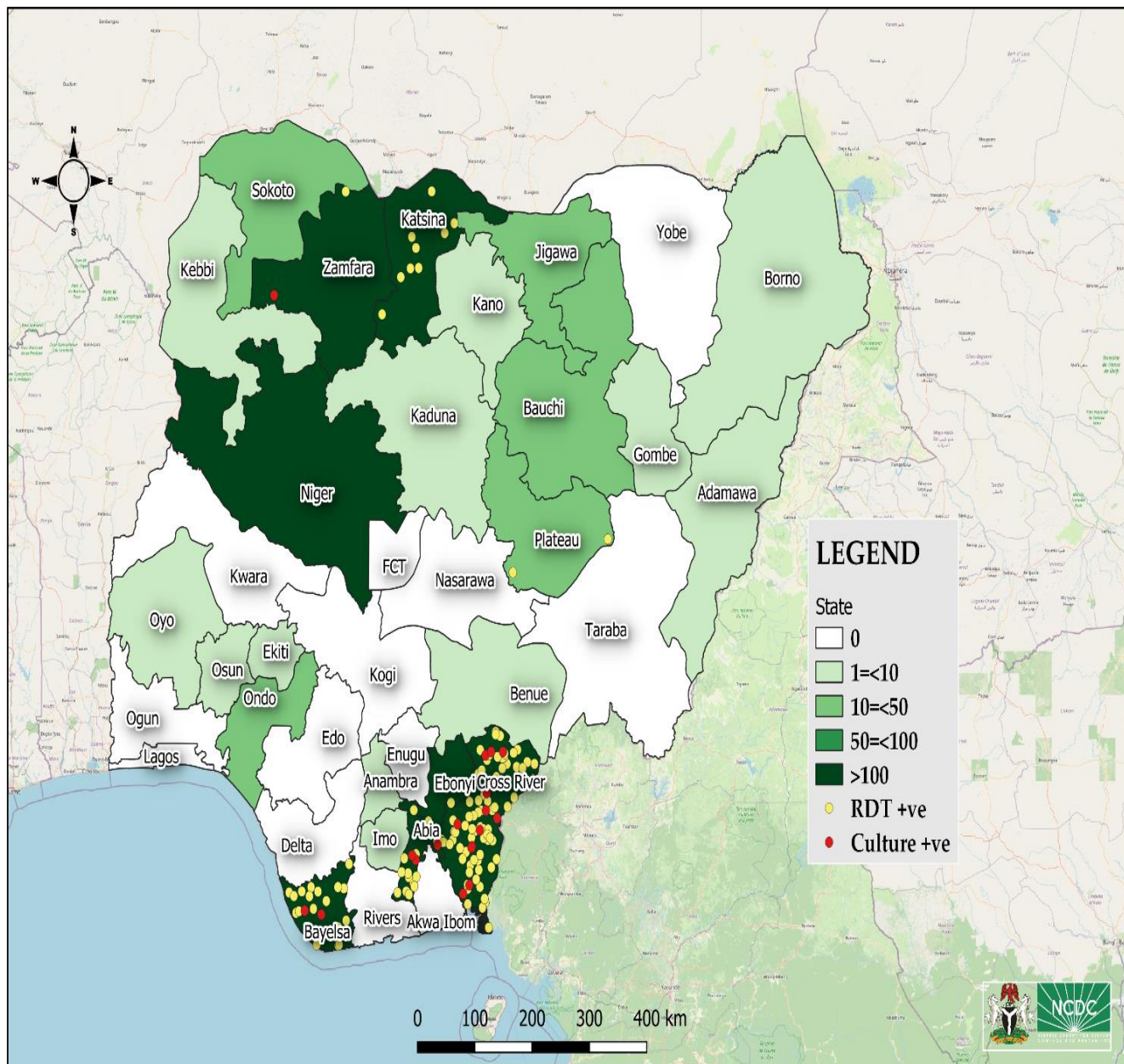


Fig. 11: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 26, 2023

Table 6. Summary table for Weekly & Cumulative number of Cholera Cases, for 2023

States	Reporting cases in 2023	State outbreak status*	Current week: (Week 30)					Cumulative (Week 1 - 30)						
			Cases		Deaths		Tests		Cases	Deaths	CFR	Tests		
			Cases	% change	Deaths	% change	RDT (%Pos)	Culture (%pos)				RDT (%Pos)	Culture (%pos)	
1	Cross River						718	17	2.4%	227 (34%)	63 (19%)			
2	Katsina						302	11	3.6%	33 (30%)	44 (0%)			
3	Zamfara						271	7	2.6%		1 (100%)			
4	Bayelsa	Active					254	1	0.4%	93 (22%)	20 (10%)			
5	Ebonyi						227	9	4.0%	5 (0%)				
6	Niger	Active	1	▲ 100%			137	2	1.5%	6 (0%)	46 (0%)			
7	Abia						118	6	5.1%	56 (25%)	3 (100%)			
8	Jigawa	Active		▼ 100%		▼ 100%	56	1	1.8%	1 (0%)	28 (0%)			
9	Ondo						42	-	0.0%	11 (0%)	8 (0%)			
10	Kano	Active		▼ 100%		▼ 100%	40	2	5.0%					
11	Kaduna	Active					25	-	0.0%		3 (0%)			
12	Bauchi	Active		▼ 100%			25	-	0.0%		3 (0%)			
13	Borno	Active					23	-	0.0%		6 (0%)			
14	Sokoto						22	1	4.5%		13 (0%)			
15	Plateau						21	-	0.0%	1 (100%)	1 (100%)			
16	Gombe	Active		▼ 100%			9	-	0.0%		2 (50%)			
17	Oyo						5	-	0.0%					
18	Adamawa	Active	1	▲ 100%			3	-	0.0%	3 (0%)				
19	Kwara						2	-	0.0%					
20	Kebbi						2	-	0.0%		1 (0%)			
21	Benue						2	-	0.0%		2 (0%)			
22	Rivers						1	-	0.0%		1 (0%)			
23	Imo						1	-	0.0%		1 (0%)			
24	Ekiti						1	-	0.0%		1 (0%)			
25	Osun						1	-	0.0%					
26	Anambra						1	-	0.0%					
	National	9	2	▼ 78%	0	▼ 100%	1 (0%)	1 (0%)		2,309	57	2.5%	436 (28%)	247 (8%)

*State is considered active if it has reported cases in recent 3 weeks from reporting week, Other states listed have reported cases during the year but not in recent 3 weeks

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), 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 Ongoing 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"> 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 	<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 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 cholerae* O1 or O139 has been isolated in the stool by culture.

Erratum

- *A backlog of suspected cases from epi week 1 - 4 (1) was deducted.*
- *A backlog of suspected cases from epi week 5 - 9 (41) was added.*
- *A backlog of death in suspected cases from epi week 5 - 9 (3) was deducted*
- *A backlog of suspected cases from epi week 10 - 13 (34) was added.*
- *A backlog of death in suspected cases from epi week 10 - 13 (2) was added*
- *A backlog of suspected cases from epi week 14 - 17 (9) was added*
- *A backlog of suspected cases from epi week 18 - 21 (76) was added*
- *A backlog of suspected cases from epi week 14 - 17 (45) was added.*
- *A backlog of death in suspected cases from epi week 14 - 17 (0) was added*

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