



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 10

Epidemiological week 44 - 47: (31 October to 27 November 2022)

Key Points

Table 1: Summary of current week (Epi week 47, 2022)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
58	2	3.4%	6	12

Table 2: Summary of monthly reported cases (Epi week 1- 47)

Months	Epi- Week	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 5	979	29	2.9%	21	72
February	6 - 9	745	9	1.2%	20	63
March	10 - 12	327	9	2.8%	13	47
April	13 - 17	576	43	5.9%	15	48
May	18 - 21	783	8	1.0%	18	71
June	22 - 26	836	18	2.2%	18	76
July	27 - 30	1450	65	4.5%	18	103
August	31 - 35	2806	96	3.4%	17	101
September	36 - 39	7322	171	2.3%	12	82
October	40 - 43	6306	102	1.6%	10	73
November	44 - 47	1393	33	2.4%	6	28

Table 3: Cumulative summary from Epi week 1 - 47, 2022

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
23550	583	2.5%	33	270

Week 47 Highlights

- Thirty-two states and FCT have reported suspected cholera cases in 2022. These are Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ekiti, FCT, Gombe, Imo, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ondo, Osun, Oyo, Plateau, Rivers, Sokoto, Taraba, Yobe and Zamfara
- In the reporting month, 6 states reported 1393 suspected cases – Borno (1124), Gombe (165), Bauchi (61), Katsina (16), Adamawa (14) and Kano (13)
- There was **78% decrease in the number of new suspected cases** in November Epi week 44 - 47 (1393) compared with October Epi week 40 – 43 (6306)
- In the reporting week, Borno (24) Gombe (14), Bauchi (13), Kano (5), Katsina (1) and Adamawa (1) reported 58 suspected cases
- Borno, Gombe and Bauchi states account for 88% of 58 suspected cases reported in week 47
- During the reporting week, two Cholera Rapid Diagnostic Test (RDT) was conducted in Gombe 2(100% positive)
- Two stool culture test was conducted from Gombe, 1(100% positive) and Bauchi 1(0% positive) in epi week 47
- Of the cases reported, there was 2 deaths with a weekly case fatality ratio (CFR) of 3.4%
- No new state reported cases in week 47
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary

- As of 27th November 2022, a total of 23,550 suspected cases including 583 deaths (CFR 2.5%) have been reported from 32 states plus FCT in 2022
- Of the suspected cases since the beginning of the year, **age group 5 -14 years** is the most affected age group for male and female
- Of all suspected cases, **49% are males and 51% are females**
- Six states – Borno (12459 cases), Yobe (1888 cases), Katsina (1632 cases), Gombe (1407 cases), Taraba (1142 cases) and Kano (1131 cases) account for 84% of all cumulative cases
- Fifteen LGAs across five states Borno (7), Yobe (4), Taraba (2), Gombe (1) and Zamfara (1), reported more than 200 cases each this year

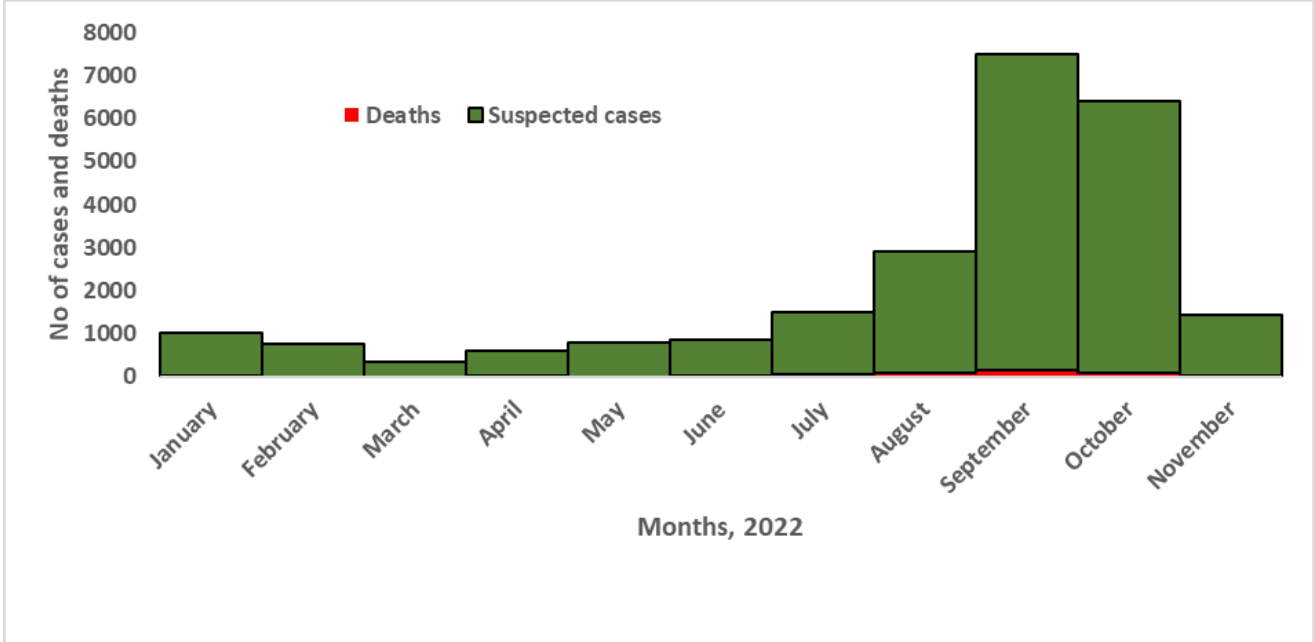


Figure 1: National Epidemic curve of monthly reported Cholera cases, January to November 2022

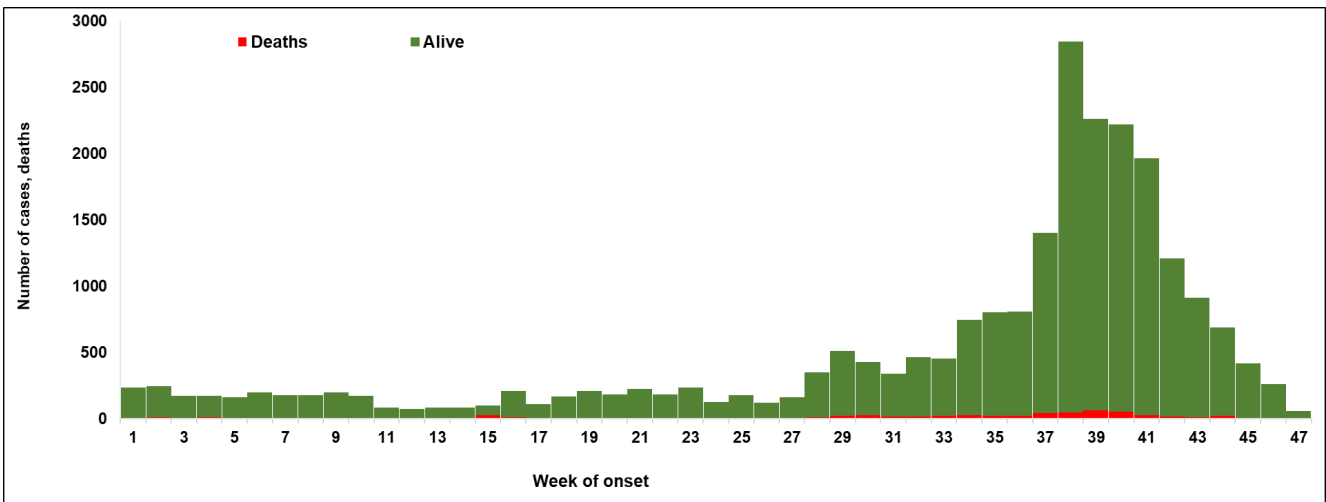


Figure 2: National Epidemic curve of weekly reported Cholera cases, week 1 to week 47, 2022

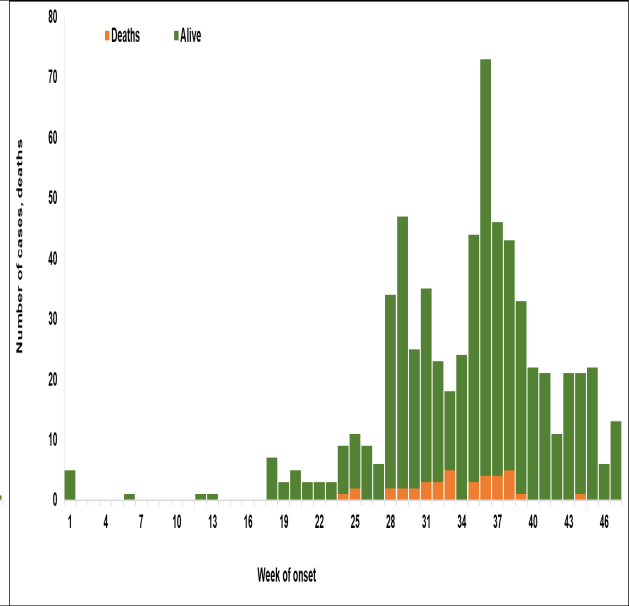
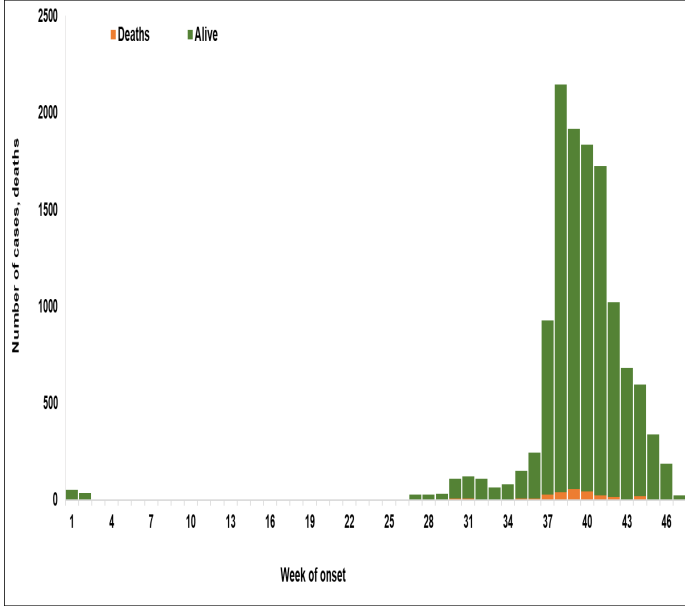


Fig 3: Borno epidemic curve, week 1 to week 47, 2022

Fig 4: Bauchi epidemic curve, week 1 to week 47, 2022

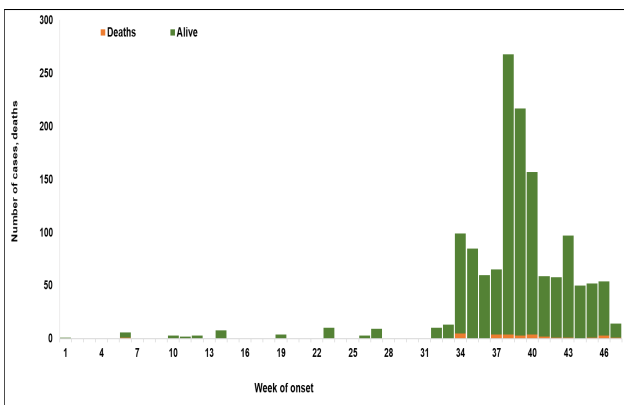
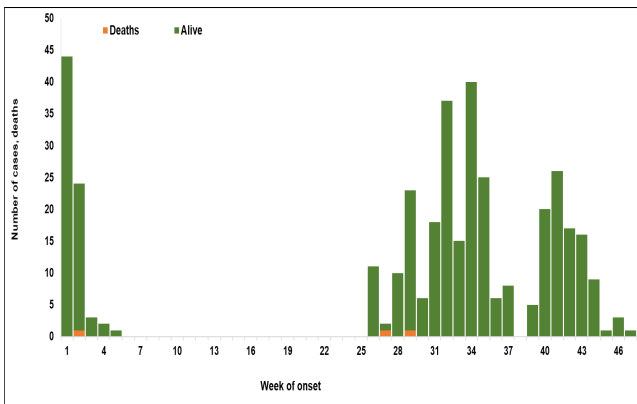


Fig 6: Gombe epidemic curve, week 1 to week 47, 2022

Fig 5: Adamawa epidemic curve, week 1 to week 47, 2022

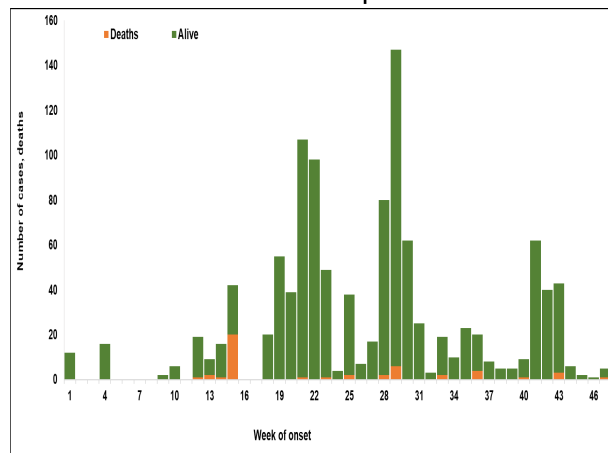


Fig 7: Kano epidemic curve, week 1 to week 47, 2022

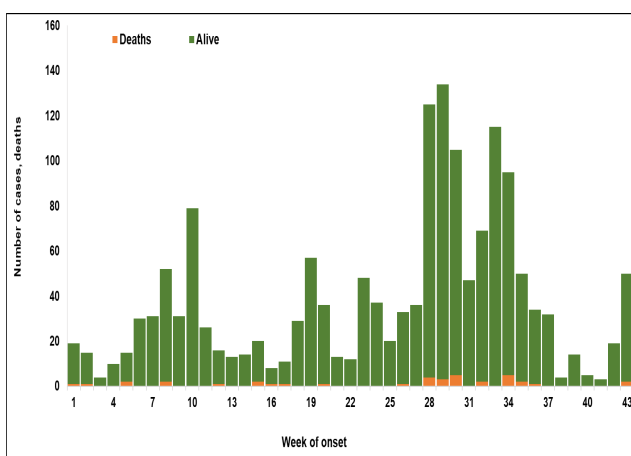


Fig 8: Katsina epidemic curve, week 1 to week 47, 2022

Table 4: Top 10 states in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Borno	12,459	53%	53%
2	Yobe	1,888	8%	61%
3	Katsina	1,632	7%	68%
4	Gombe	1,407	6%	74%
5	Taraba	1,142	5%	79%
6	Kano	1,131	5%	84%
7	Cross River	649	3%	87%
8	Bauchi	649	3%	90%
9	Zamfara	630	3%	93%
10	Jigawa	417	2%	95%
Total		22023	95%	

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

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Jere	Borno	5061	21%	21%
2	Konduga	Borno	1549	7%	28%
3	Dikwa	Borno	1210	5%	33%
4	Ngala	Borno	1074	5%	38%
5	Maiduguri	Borno	844	4%	41%
6	Bama	Borno	738	3%	44%
7	Bayo	Borno	527	2%	47%
8	Yamaltu/Deba	Gombe	479	2%	51%
9	Talata Mafara	Zamfara	451	2%	51%
10	Gulani	Yobe	433	2%	53%
11	Bali	Taraba	424	2%	54%
12	Gujba	Yobe	408	2%	56%
13	Alkaleri	Bauchi	395	2%	58%
14	Fika	Yobe	366	2%	59%
15	Gombe	Gombe	295	1%	61%
Total			14282	61%	

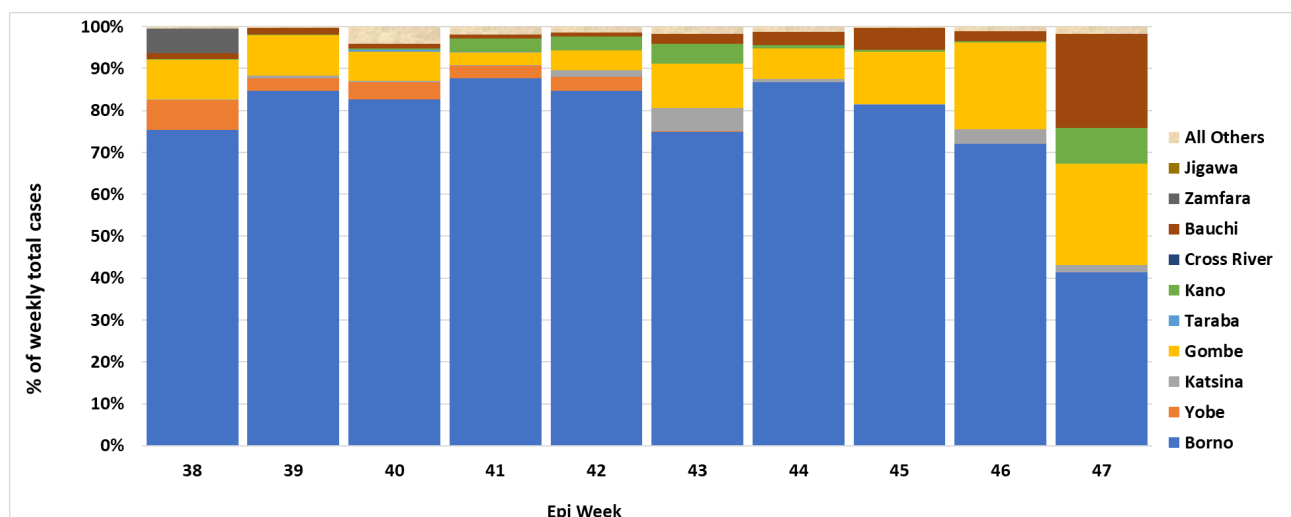


Figure 9: Percentage contribution of weekly cases by state in recent 10 weeks, week 38 - 47, 2022

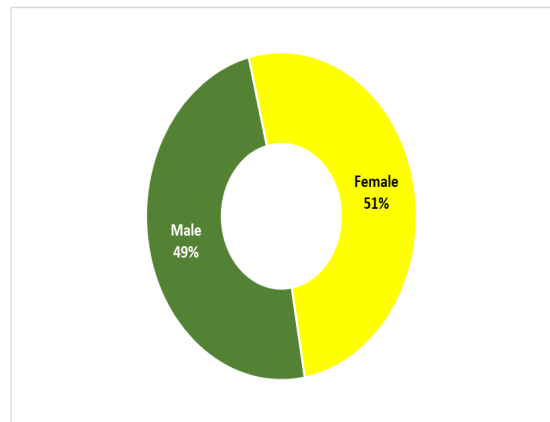
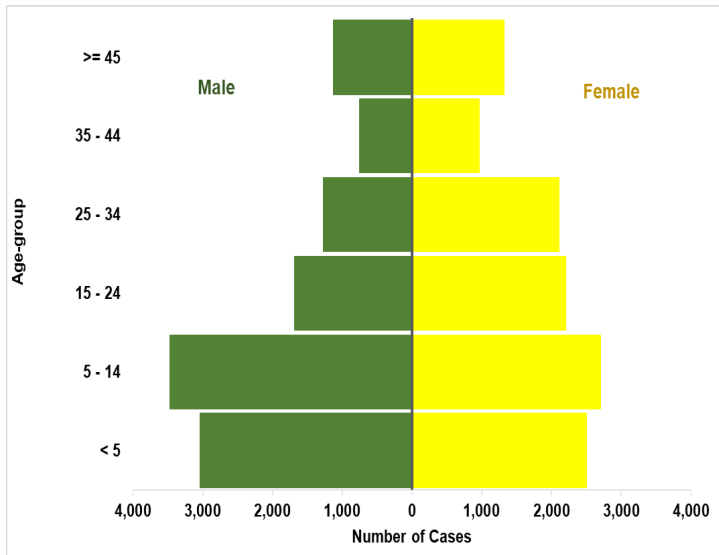


Figure 10. Sex disaggregation for cumulative Cholera cases, week 1-47, 2022: N=23,543

Figure 10: Age – Sex Pyramid and Sex Aggregation for cholera cases week 1- 47, 2022.

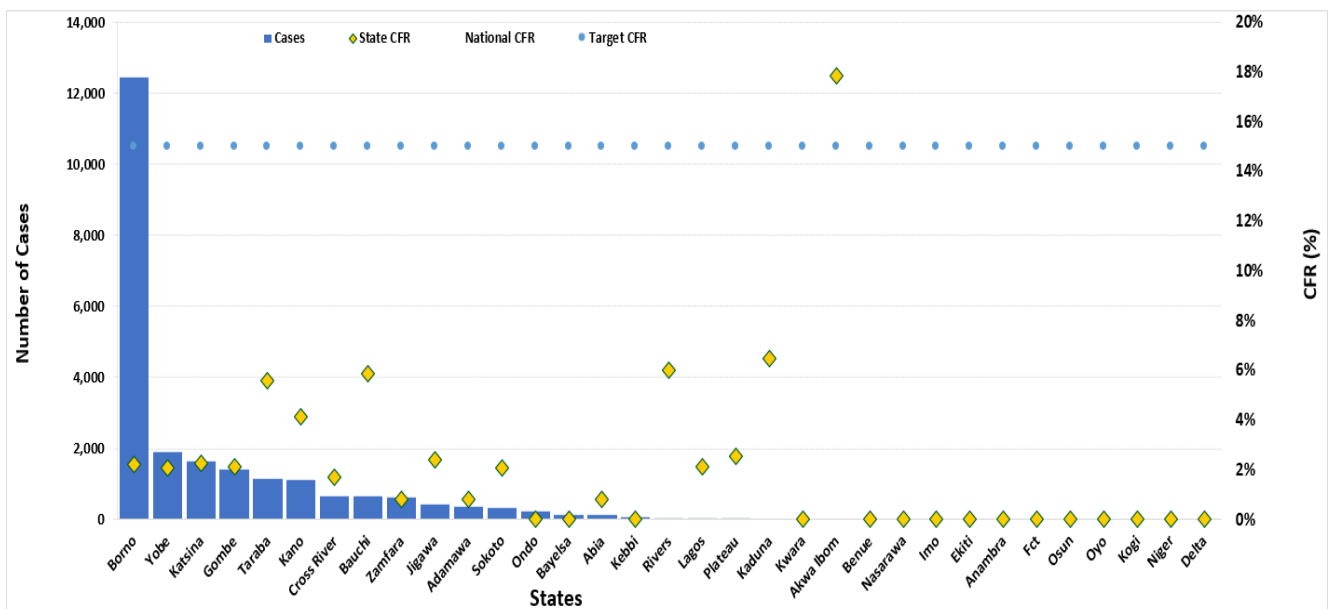


Figure 11: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1 - 47, 2022

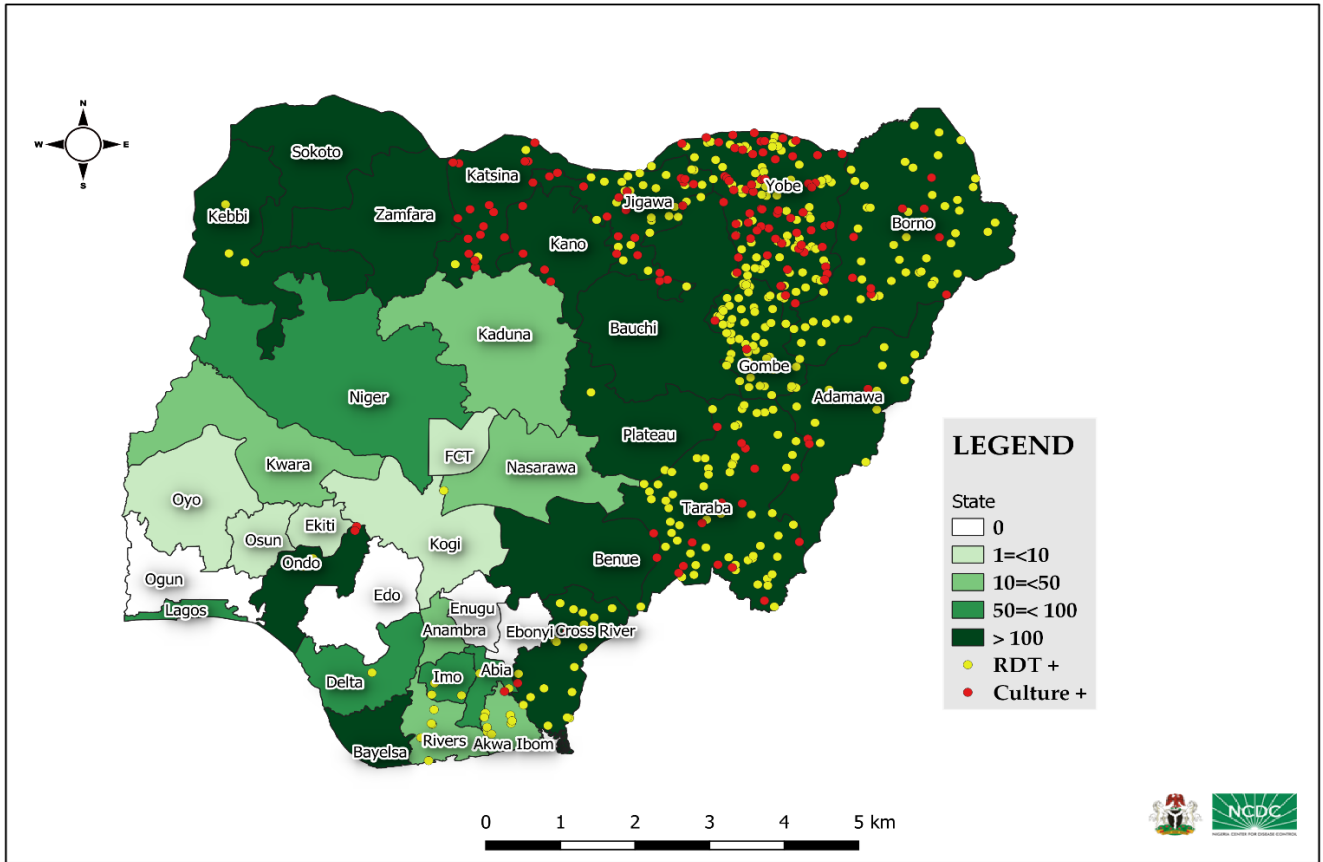


Figure 12. Map of Nigeria showing states with RDT + Culture and suspected cases, week 1 - 47, 2022

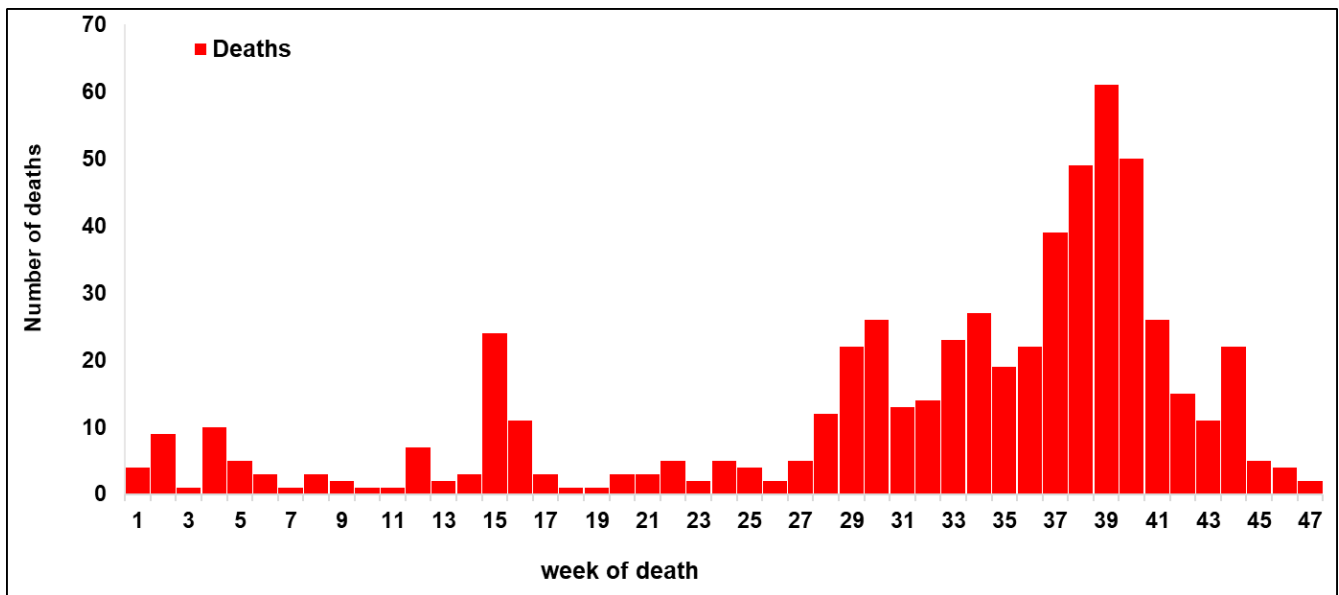


Figure 13: Trends in deaths, week 1 - 47, 2022, Nigeria

Table 6. Summary table for Weekly & Cumulative number of Cholera Cases, for 2022

States	Reporting cases in 2022	State outbreak status*	Current week: (Week 47)					Cumulative (Week 1 - 47)					
			Cases		Deaths		Tests		Cases	Deaths	CFR	Tests	
			Cases	% change	Deaths	% change	RDT (% Pos)	Culture (% pos)				RDT (% Pos)	Culture (% pos)
1 Abia							120	1	0.8%	3 (33%)	23 (9%)		
2 Adamawa	Active		1	▼ 67%			373	3	0.8%	64 (50%)	12 (33%)		
3 Akwa Ibom							28	5	17.9%	11 (91%)	8 (25%)		
4 Anambra							4	-	0.0%				
5 Bauchi	Active		13	▲ 117%			649	38	5.9%	6 (83%)	90 (19%)		
6 Bayelsa							137	-	0.0%	5 (0%)	31 (0%)		
7 Benue							26	-	0.0%		8 (13%)		
8 Borno	Active		24	▼ 87%		▼ 100%	12,459	279	2.2%	558 (94%)	175 (77%)		
9 Cross River							649	11	1.7%	141 (12%)	64 (3%)		
10 Delta							1	-	0.0%		1 (0%)		
11 Ekiti							4	-	0.0%		4 (0%)		
12 Fct							3	-	0.0%				
13 Gombe	Active		14	▼ 74%	1	▼ 67%	2 (100%)	1 (100%)	1,407	30	2.1%	628 (75%)	393 (51%)
14 Imo							5	-	0.0%		5 (0%)		
15 Jigawa							417	10	2.4%	98 (33%)	29 (69%)		
16 Kaduna							31	2	6.5%		2 (0%)		
17 Kano	Active		5	▲ 400%	1	▲ 100%	1,131	47	4.2%	13 (100%)	57 (18%)		
18 Katsina	Active		1	▼ 89%			1,632	37	2.3%	232 (28%)	306 (18%)		
19 Kebbi							54	-	0.0%	13 (23%)	1 (0%)		
20 Kogi							1	-	0.0%		1 (0%)		
21 Kwara							30	-	0.0%				
22 Lagos							47	1	2.1%		8 (0%)		
23 Nasarawa							12	-	0.0%	2 (50%)	7 (0%)		
24 Niger							1	-	0.0%				
25 Ondo							236	-	0.0%	88 (1%)	156 (3%)		
26 Osun							3	-	0.0%		2 (0%)		
27 Oyo							2	-	0.0%				
28 Plateau							39	1	2.6%		9 (22%)		
29 Rivers							50	3	6.0%	5 (100%)	1 (0%)		
30 Sokoto							339	7	2.1%	54 (26%)	4 (25%)		
31 Taraba							1,142	64	5.6%	204 (39%)	81 (48%)		
32 Yobe							1,888	39	2.1%	189 (55%)	104 (68%)		
33 Zamfara							630	5	0.8%	37 (57%)			
National	6		58	▼ 78%	2	▼ 50%	2 (100%)	2 (50%)	23,550	583	2.5%	2351 (60%)	1582 (36%)

Table 7: Response activities

Pillar	Activities to date	Next steps
<i>Coordination</i>	<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
<i>Surveillance</i>	<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
<i>Laboratory</i>	<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 	<ul style="list-style-type: none"> • Continue distribution of hygiene kits to affected states

	hygiene facilities with boreholes in cholera hotspots	
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) were activated in Cross River, Taraba, Borno, Adamawa, Bauchi, Gombe, Yobe and Katsina	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 1002 cases were added to the 5304 cases for the month of October and makes a total of 6306 cases*
- *A backlog of 17 deaths were added to the 85 deaths for the month of October and makes a total of 102 deaths*

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 27th November 2022