



# Cholera Situation Report

## MONTHLY EPIDEMIOLOGICAL REPORT 05

### Epidemiological week 18-21: (2 May to 29 May 2022)

#### Key Points

Table 1: Summary of current week (Epi week 21, 2022)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
21	1	4.8%	3	3

Table 2: Summary of monthly reported cases (Epi week 1- 21)

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
May	18 - 21	137	2	1.5%	8	22

Table 3: Cumulative summary from Epi week 1 - 21, 2022

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
2,339	74	3.2%	30	141

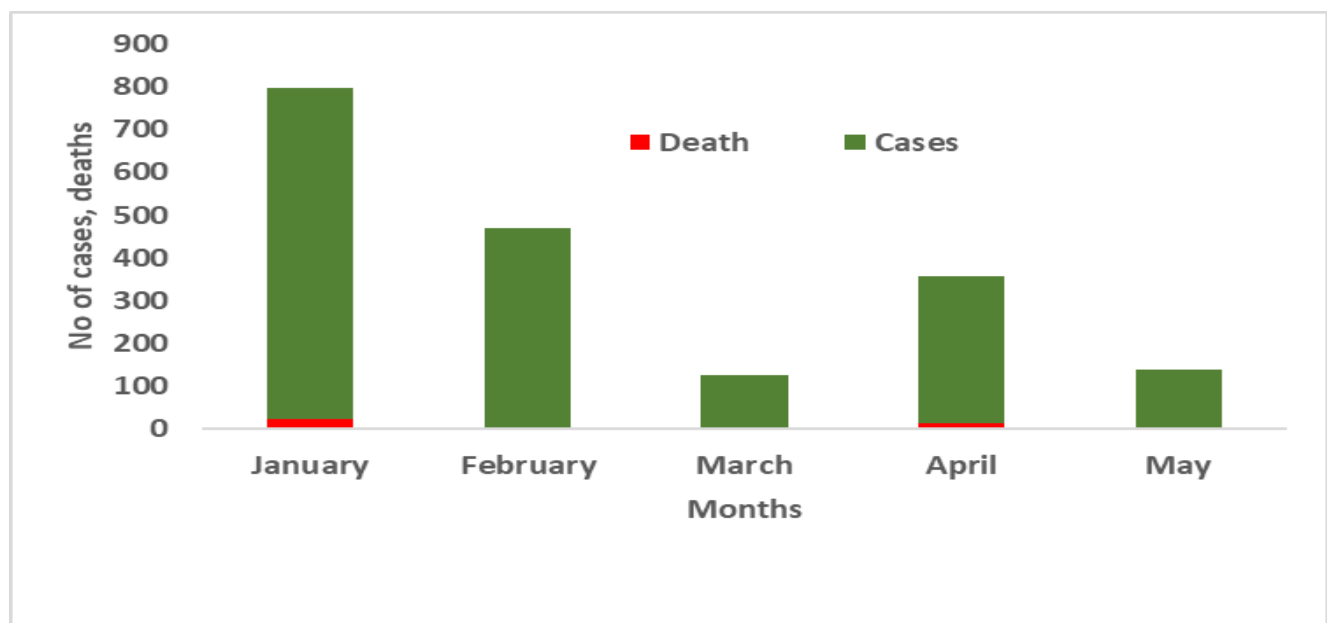
#### Week 21 Highlights

- Thirty states have reported suspected cholera cases in 2022. These are Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ekiti, Gombe, Imo, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ondo, Osun, Oyo, Plateau, Rivers, Sokoto, Taraba and Zamfara
- In the reporting month, 8 states reported 137 suspected cases – Anambra (2), Gombe (1), Imo (3), Kaduna (4), Kano (68), Niger (1), Plateau (22) and Taraba (36)
- There was **60% decrease in the number of new suspected cases** in May Epi week 18 - 21 (137) compared with April Epi week 13 – 17 (342)

- In the reporting week, Imo (1), Kano (17) and Plateau (3) reported **21** suspected cases
- Kano state account for 17(81%) of 21 suspected cases reported in week 21
- During the reporting week, only 3 Cholera Rapid Diagnostic Test (RDT) was conducted. The RDT conducted was from Imo 1 (0%) and Plateau 2 (0%) positive
- No stool culture was conducted from states reporting
- Of the cases reported, there was one death from Kano state with a weekly case fatality ratio (CFR) of 4.8%
- No new state reported cases in week 21
- National multi-sectoral Cholera TWG continues to monitor response across states

**Cumulative Epi-Summary**

- As of **29<sup>th</sup> May 2022**, a total of **2,339** suspected cases including **74** deaths (CFR 3.2%) have been reported from 30 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**
- Five states - Taraba (651 cases), Cross River (593 cases), Katsina (134 cases), kano (124 cases) and Benue (100 cases) account for 68% of all cumulative cases
- Six LGAs across two states Cross River (3) and Taraba (3) reported more than 100 cases each this year



**Figure 1: National Epidemic curve of monthly reported Cholera cases, week 1 to week 21, 2022**

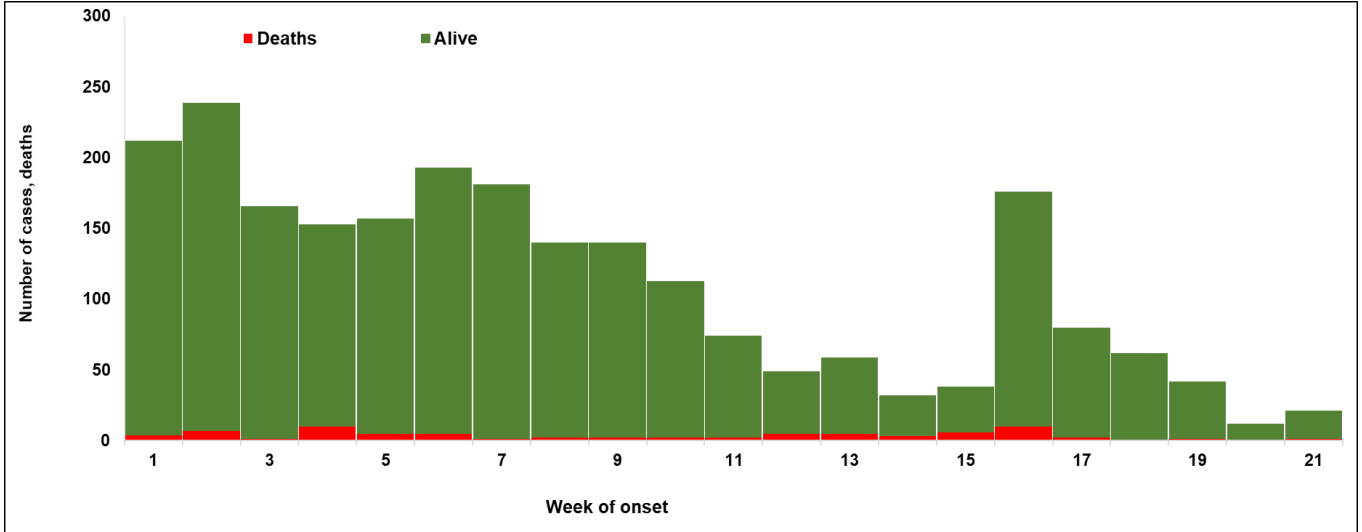


Figure 2: National epidemic curve of weekly reported Cholera cases, week 1 to week 21, 2022

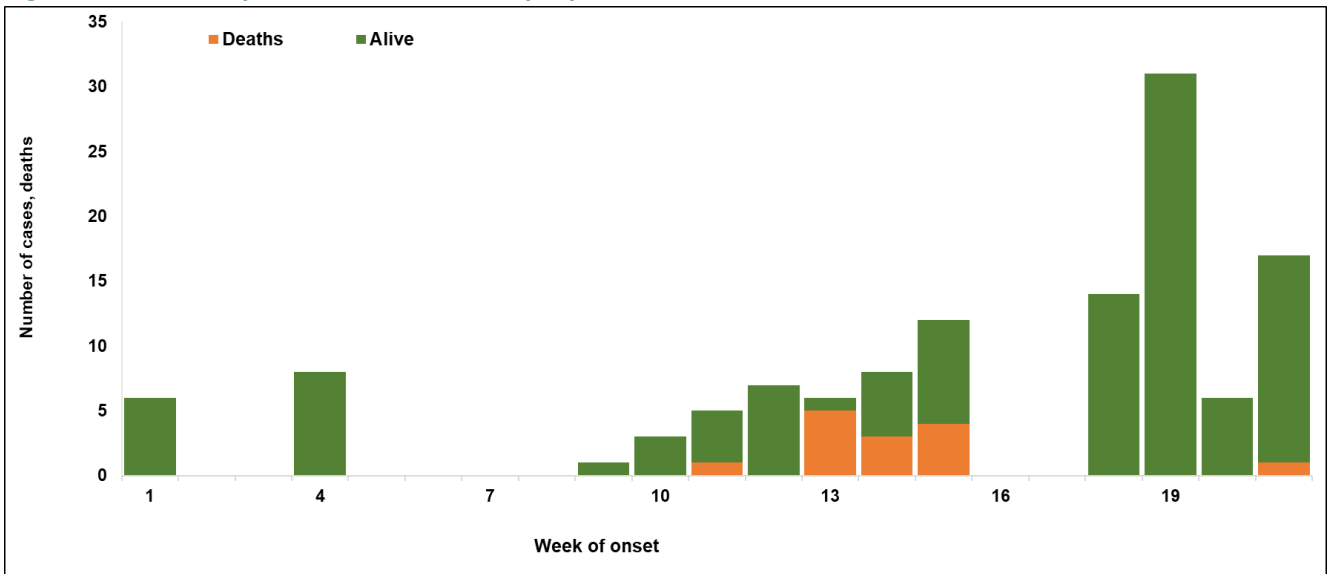


Fig 3: Kano epidemic curve, week 1 to week 21, 2022

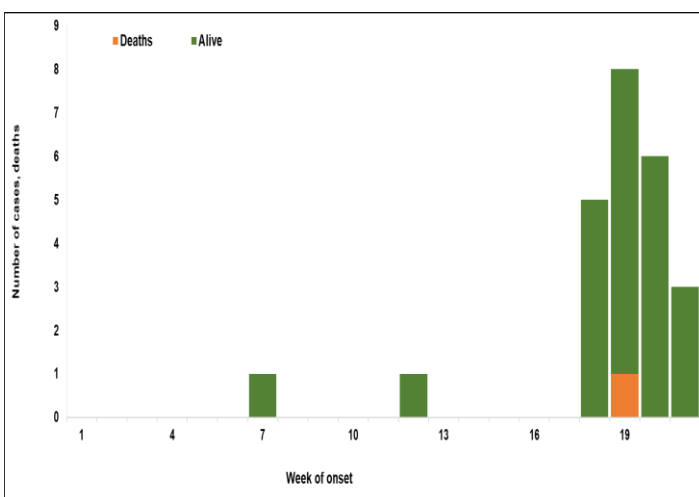


Fig 4: Plateau epidemic curve, week 1 to week 21, 2022

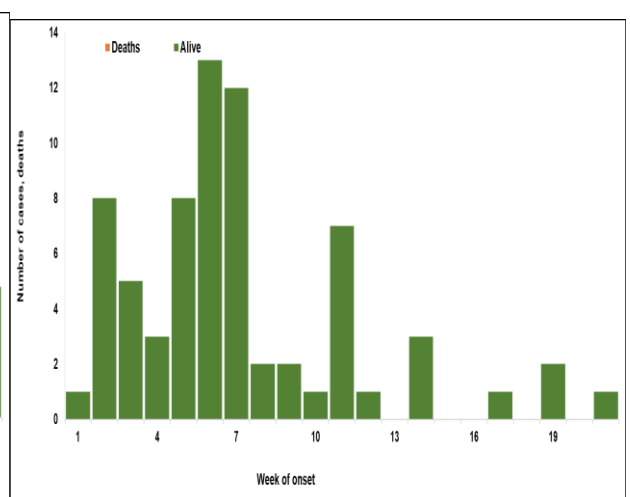


Fig 5: Imo epidemic curve, week 1 to week 21, 2022

Table 4: Top 10 states in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Taraba	651	28%	28%
2	Cross River	593	25%	53%
3	Katsina	134	6%	59%
4	Kano	124	5%	64%
5	Benue	100	4%	68%
6	Borno	91	4%	72%
7	Bayelsa	76	3%	76%
8	Imo	70	3%	75%
9	Delta	61	3%	81%
10	Adamawa	56	2%	84%
Total		1950	84%	

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

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Bali	Taraba	283	12%	12%
2	Gassol	Taraba	196	8%	20%
3	Ogoja	Cross River	182	8%	28%
4	Wukari	Taraba	150	6%	35%
5	Ikom	Cross River	142	6%	41%
6	Calabar Municipal	Cross River	101	4%	45%
7	Katsina	Katsina	75	3%	48%
8	Guma	Benue	70	3%	54%
9	Odukpani	Cross River	67	3%	54%
10	Obanliku	Cross River	64	3%	57%
11	Aleiro	Kebbi	50	2%	59%
12	Degema	Rivers	46	2%	61%
13	Southern/Ijaw	Bayelsa	42	2%	63%
14	Edu	Kwara	30	1%	64%
15	Mafa	Borno	30	1%	65%
Total			1528	65%	

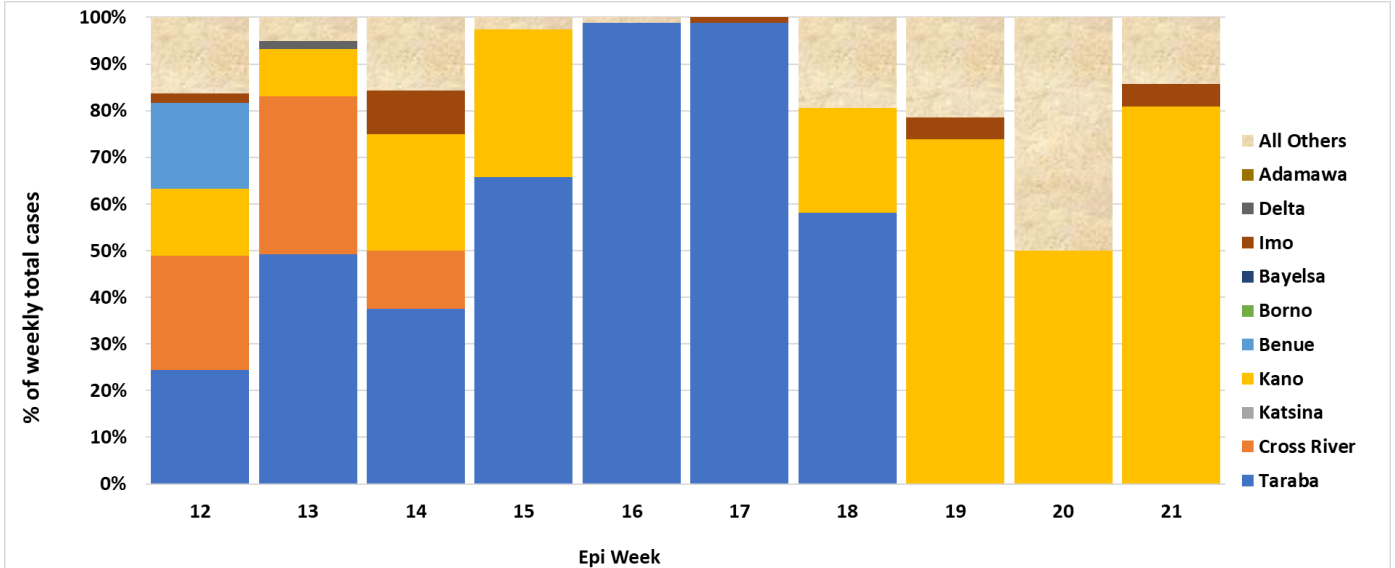


Figure 6: Percentage contribution of weekly cases by state in recent 10 weeks, week 12 - 21, 2022

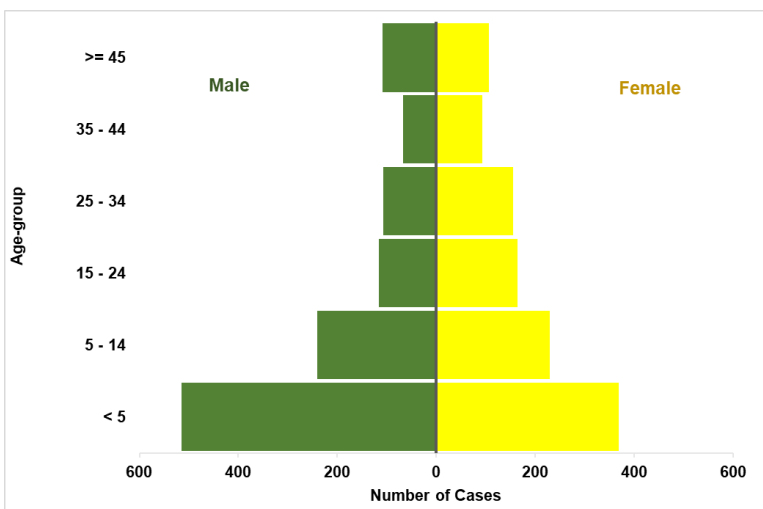


Figure 9. Age-Sex Pyramid for cumulative Cholera Cases, week 1-21 , 2022: N=2,336

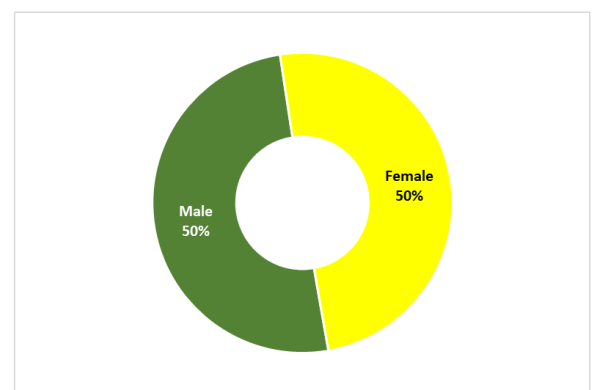


Figure 10. Sex disaggregation for cumulative Cholera cases, week 1-21 , 2022: N=2,336

Figure 7: Age – Sex Pyramid and Sex Aggregation for cholera cases week 1-21, 2022. N = 2336

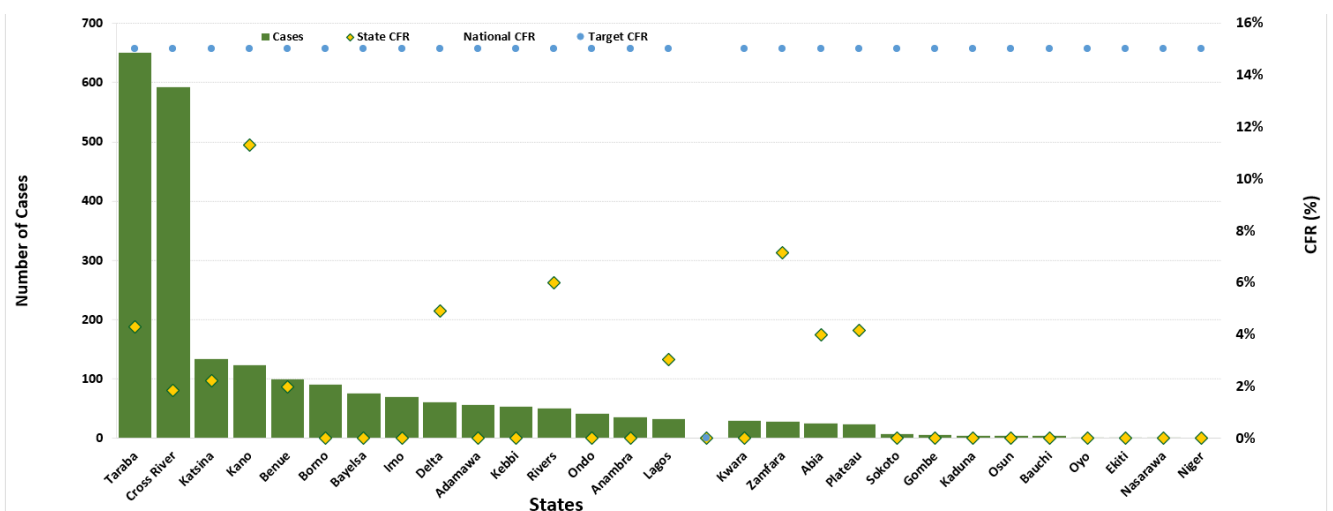


Figure 8: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1 - 21, 2022

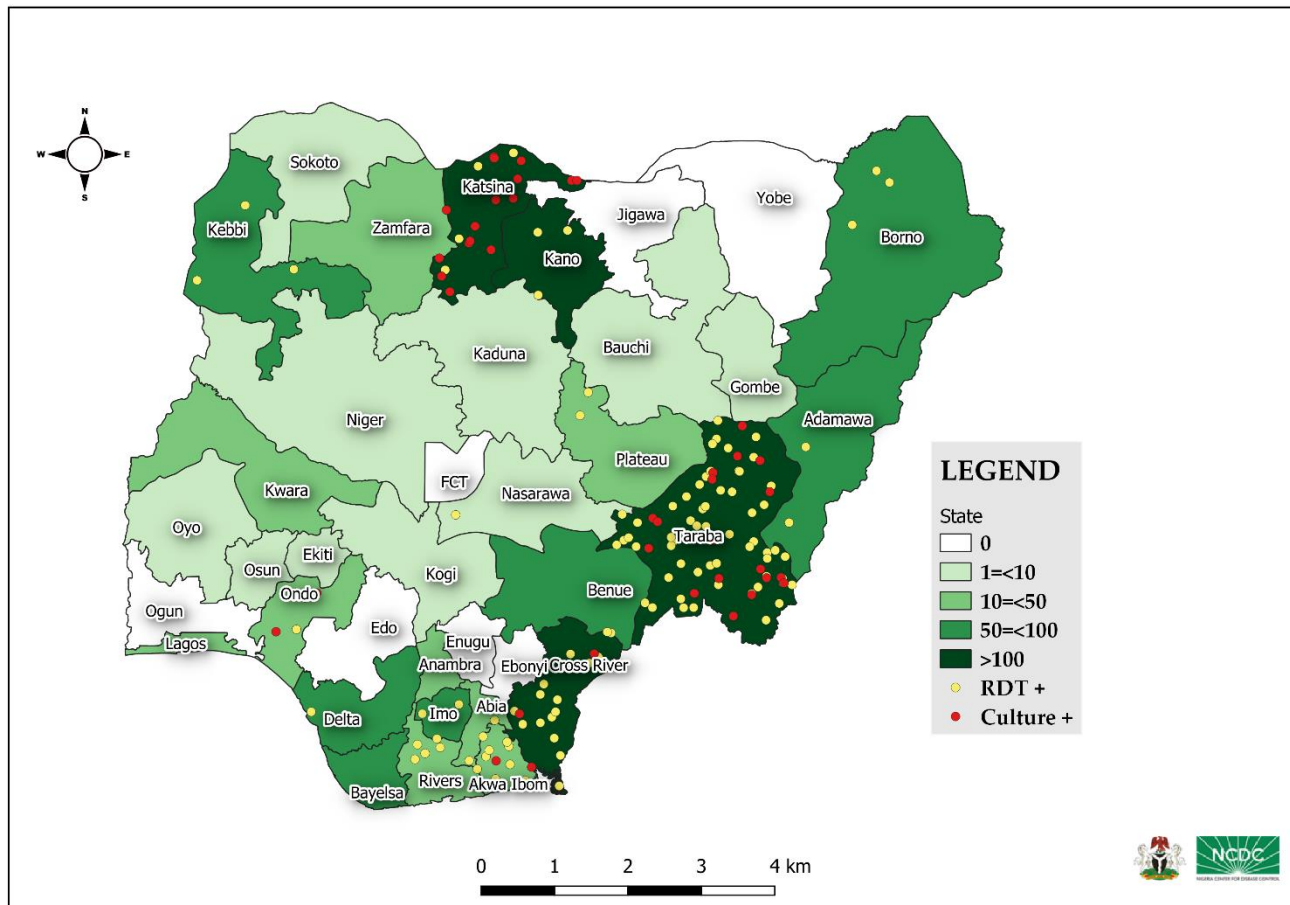


Figure 9. Map of Nigeria showing states with RDT + Culture and suspected cases, week 1 - 21, 2022

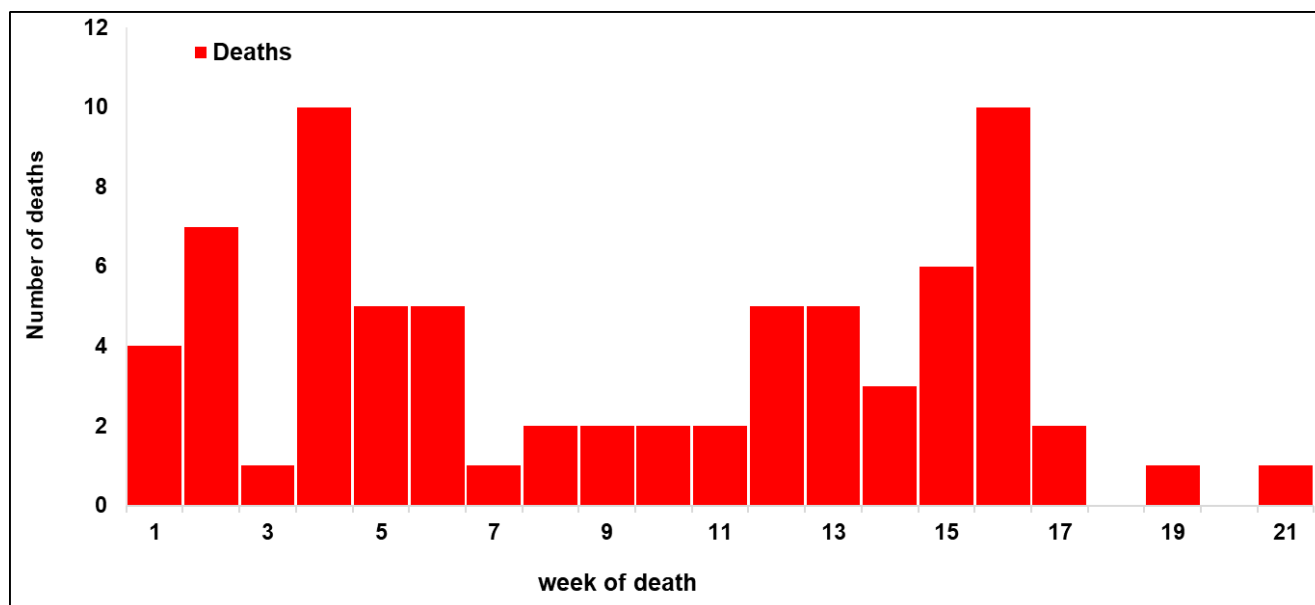


Figure 10: Trends in deaths, week 1 - 21, 2022, Nigeria

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

States	Current week: (Week 21)				Cumulative (Week 1 - 21)					
	Reporting State	outb	Cases	Deaths	Tests	Cases	Deaths	CFR	Tests	
		Cases	% change	Deaths	% change	RDT (%Pos:Culture (%pos)			RDT (%Pos:Culture (%pos)	
1 Taraba		0		0		651	28	4.3%	135 (44%)	37 (49%)
2 Cross Rive		0		0		593	11	1.9%	141 (12%)	7 (29%)
3 Katsina		0		0		134	3	2.2%	38 (11%)	45 (38%)
4 Kano	Active	17	▲ 183%	1	▲ 100%	124	14	11.3%	10 (30%)	
5 Benue		0		0		100	2	2.0%	9 (0%)	
6 Borno		0		0		91	0	0.0%	5 (60%)	
7 Bayelsa		0		0		76	0	0.0%	6 (0%)	1 (0%)
8 Imo	Active	1	▲ 100%	0		70	0	0.0%	65 (5%)	
9 Delta		0		0		61	3	4.9%	57 (2%)	
10 Adamawa		0		0		56	0	0.0%	3 (67%)	
11 Kebbi		0		0		53	0	0.0%	13 (23%)	
12 Rivers		0		0		50	3	6.0%	5 (100%)	1 (0%)
13 Ondo		0		0		41	0	0.0%	40 (3%)	16 (13%)
14 Anambra		0		0		36	0	0.0%	32 (0%)	
15 Lagos		0		0		33	1	3.0%		6 (0%)
16 Akwa Ibom		0		0		30	0	0.0%	9 (0%)	
17 Kwara		0		0		30	5	0.0%		
18 Zamfara		0		0		28	2	7.1%		
19 Abia		0		0		25	1	4.0%	2 (50%)	1 (0%)
20 Plateau	Active	3	50%	0		24	1	4.2%	8 (25%)	
21 Sokoto		0		0		7	0	0.0%		
22 Gombe	Active	0		0		6	0	0.0%	1 (0%)	
23 Kaduna		0		0		4	0	0.0%		
24 Osun		0		0		4	0	0.0%	3 (0%)	
25 Bauchi		0		0		4	0	0.0%		
26 Oyo		0		0		2	0	0.0%		
27 Ekiti		0		0		2	0	0.0%	2 (0%)	
28 Nasarawa		0		0		2	0	0.0%	2 (50%)	1 (0%)
29 Niger		0		0		1	0	0.0%		
30 Kogi		0		0		1	0	0.0%	1 (0%)	
National		4	21 ▲ 75%	1 ▲ 100%	3 (0%)	2339	74	3.2%	589 (20%)	123 (33%)

**Table 7: Response activities**

<b>Pillar</b>	<b>Activities to date</b>	<b>Next steps</b>
<b>Coordination</b>	<ul style="list-style-type: none"> <li>• 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), and Partners</li> </ul>	<ul style="list-style-type: none"> <li>• The national multi-sectoral TWG will continue to coordinate the national response</li> <li>• Continue sub-national level preparedness and response support</li> <li>• Planned review of National Cholera Plan</li> </ul>
<b>Surveillance</b>	<ul style="list-style-type: none"> <li>• Ongoing surveillance in all states through the routine Integrated Disease Surveillance and Response (IDSR) and Event Based Surveillance (EBS)</li> <li>• Providing offsite/onsite support to states and follow up for daily reporting and progress with response activities</li> </ul>	<ul style="list-style-type: none"> <li>• Continue data collation and harmonisation</li> <li>• Planned cholera surveillance evaluation across states</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</li> </ul>	<ul style="list-style-type: none"> <li>• Planned sub-national level training of Laboratory Scientists on sample collection and analysis</li> <li>• Ongoing review 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> </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</li> </ul>



**Cholera Situation Report****Epi Week: 21 2022**

		essential response commodities
<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 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  $\geq 2$  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

**DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 29<sup>th</sup> May 2022**