



# Cholera Situation Report

## MONTHLY EPIDEMIOLOGICAL REPORT 08

Epidemiological week 36 - 39: (5 September to 2 October 2022)

### Key Points

Table 1: Summary of current week (Epi week 39, 2022)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
1006	19	1.9%	3	13

Table 2: Summary of monthly reported cases (Epi week 1- 39)

Months	Epi- Week	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 5	908	26	2.8%	19	69
February	6 - 9	677	7	1.0%	18	48
March	10 - 12	221	7	3.2%	12	38
April	13 - 17	444	15	3.4%	13	36
May	18 - 21	453	5	1.1%	20	64
June	22 - 26	420	5	1.2%	18	61
July	27 - 30	1050	37	3.5%	17	91
August	31 - 35	2428	74	3.1%	14	83
September	36 - 39	4153	80	1.9%	9	55

**Table 3: Cumulative summary from Epi week 1 - 39, 2022**

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
10754	256	2.4%	31	245

### Week 39 Highlights

- Thirty-one 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, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kwara, Lagos, Nasarawa, Niger, Ondo, Osun, Oyo, Plateau, Rivers, Sokoto, Taraba, Yobe and Zamfara
- In the reporting month, 9 states reported 4153 suspected cases – Borno (2626), Yobe (718), Gombe (317), Zamfara (212), Bauchi (119), Jigawa (95), Sokoto (47), Katsina (16) and Adamawa (3)
- There was **42% increase in the number of new suspected cases** in September Epi week 36 - 39 (4153) compared with August Epi week 31 – 35 (2428)
- In the reporting week, Borno (883), Gombe (97), Bauchi (15), Yobe (8) and Sokoto (3) reported 1006 suspected cases
- Borno, and Gombe states account for 97% of 1006 suspected cases reported in week 39
- During the reporting week, No Cholera Rapid Diagnostic Test (RDT) was conducted
- No stool culture test was conducted from all states reporting in epi week 39
- Of the cases reported, there were 19 deaths with a weekly case fatality ratio (CFR) of 1.9%
- No new state reported cases in week 39
- National multi-sectoral Cholera TWG continues to monitor response across states

### Cumulative Epi-Summary

- As of 2<sup>nd</sup> October 2022, a total of 10,745 suspected cases including 256 deaths (CFR 2.4%) have been reported from 31 states 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, **48% are males and 52% are females**
- Eleven states – Borno (3663 cases), Yobe (1632 cases), Katsina (767 cases), Taraba (675 cases), Cross River (649 cases), Gombe (470 cases), Jigawa (417 cases) and Bauchi (304 cases) account for 86% of all cumulative cases
- Fifteen LGAs across six states Yobe (4), Borno (4), Taraba (3), Cross River (2), Gombe (1) and Zamfara (1), reported more than 100 cases each this year

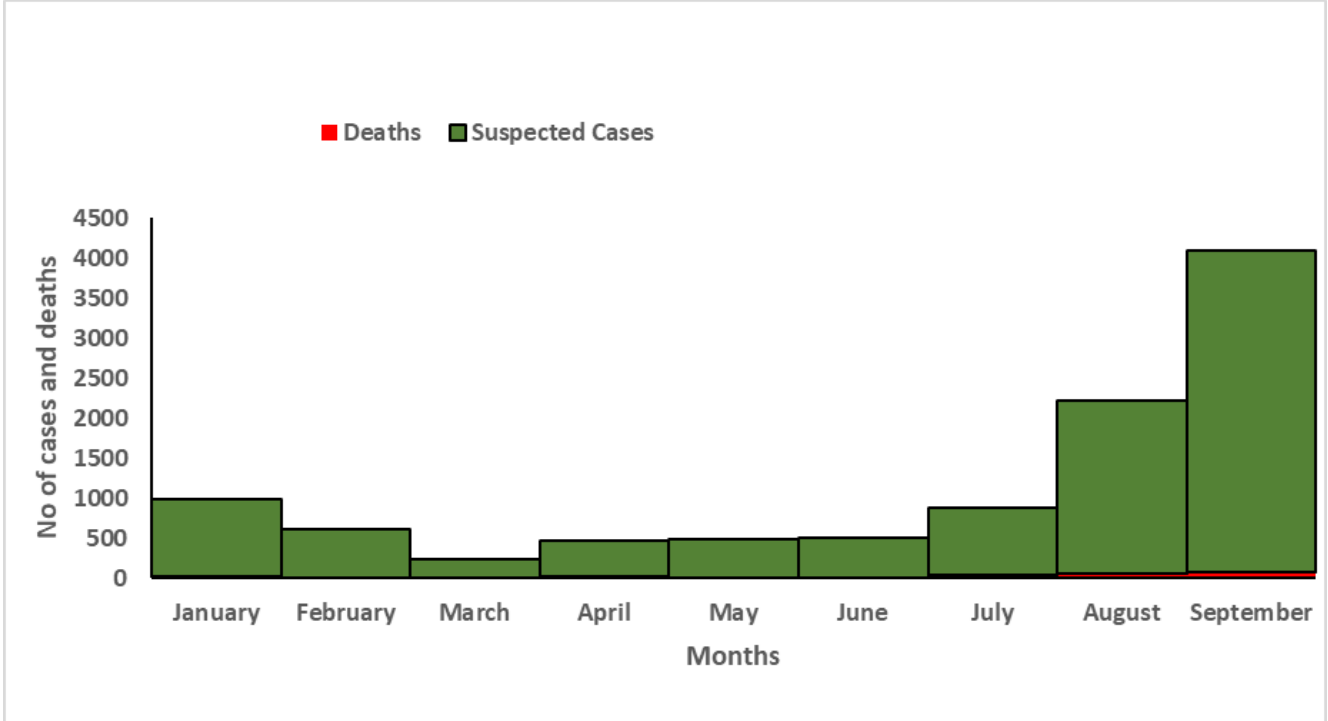


Figure 1: National Epidemic curve of monthly reported Cholera cases, January to September 2022

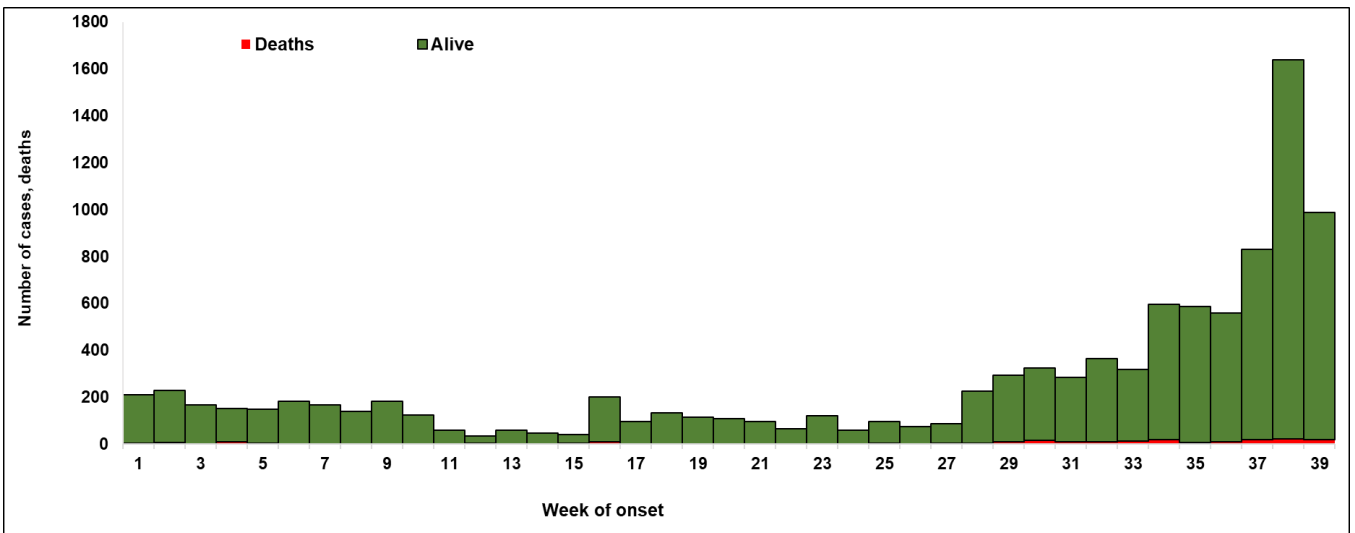


Figure 2: National Epidemic curve of weekly reported Cholera cases, week 1 to week 39, 2022

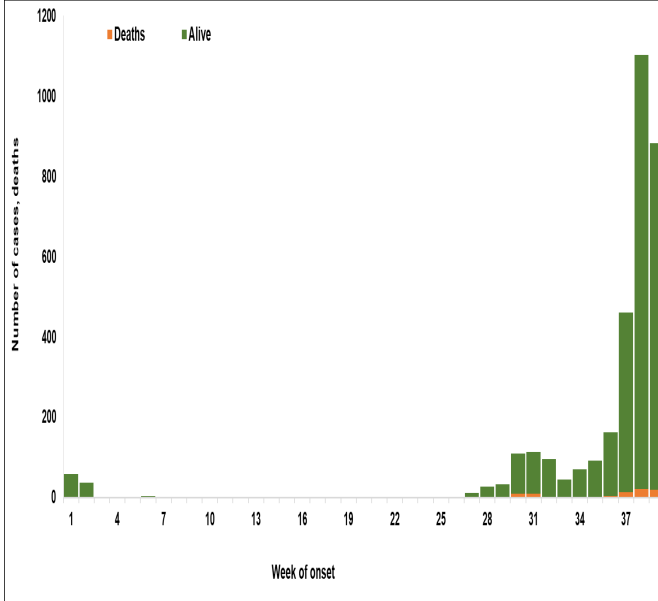


Fig 4: Yobe epidemic curve, week 1 to week 39, 2022

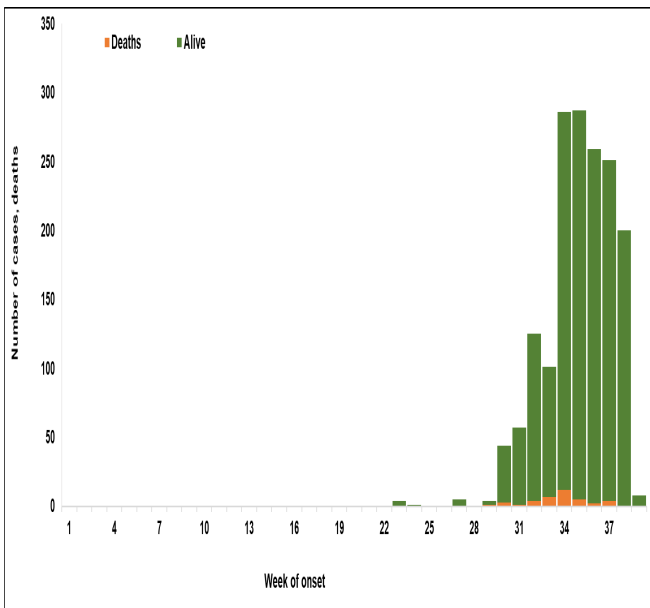


Fig 3: Borno epidemic curve, week 1 to week 39, 2022

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

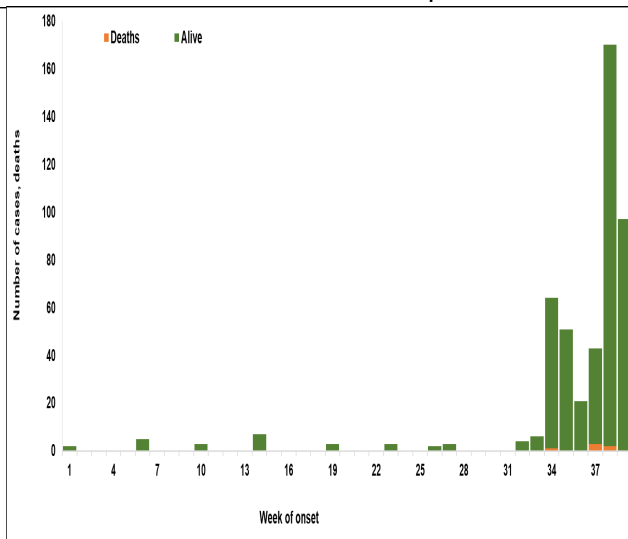
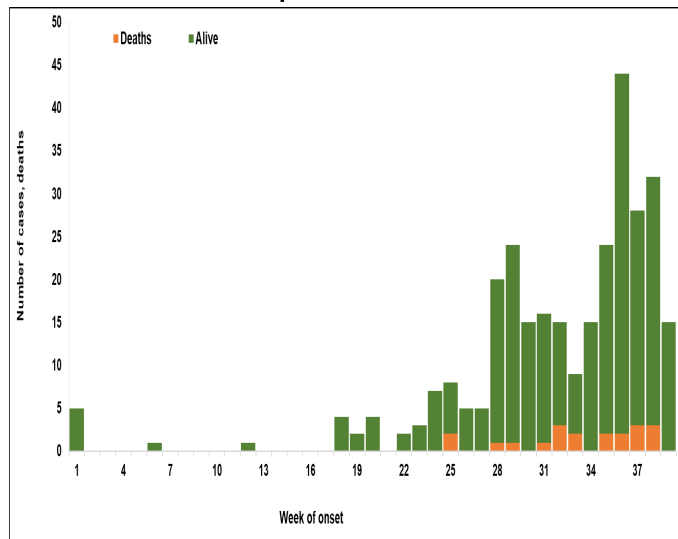


Fig 5: Gombe epidemic curve, week 1 to week 39,

Fig 6: Bauchi epidemic curve, week 1 to week 39,

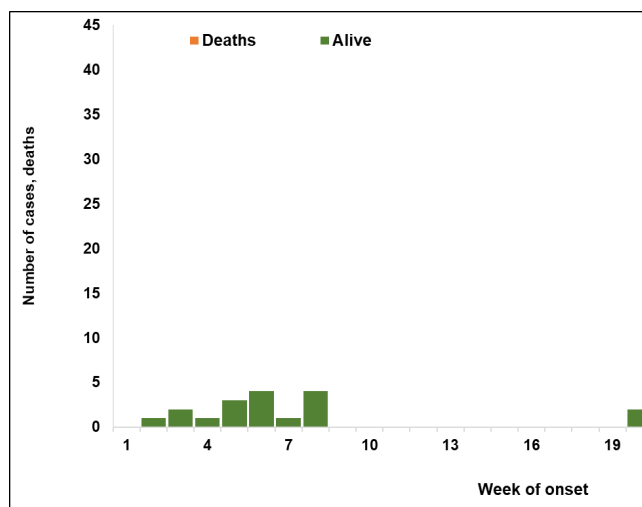


Fig 7: Sokoto epidemic curve, week 1 to week 39,

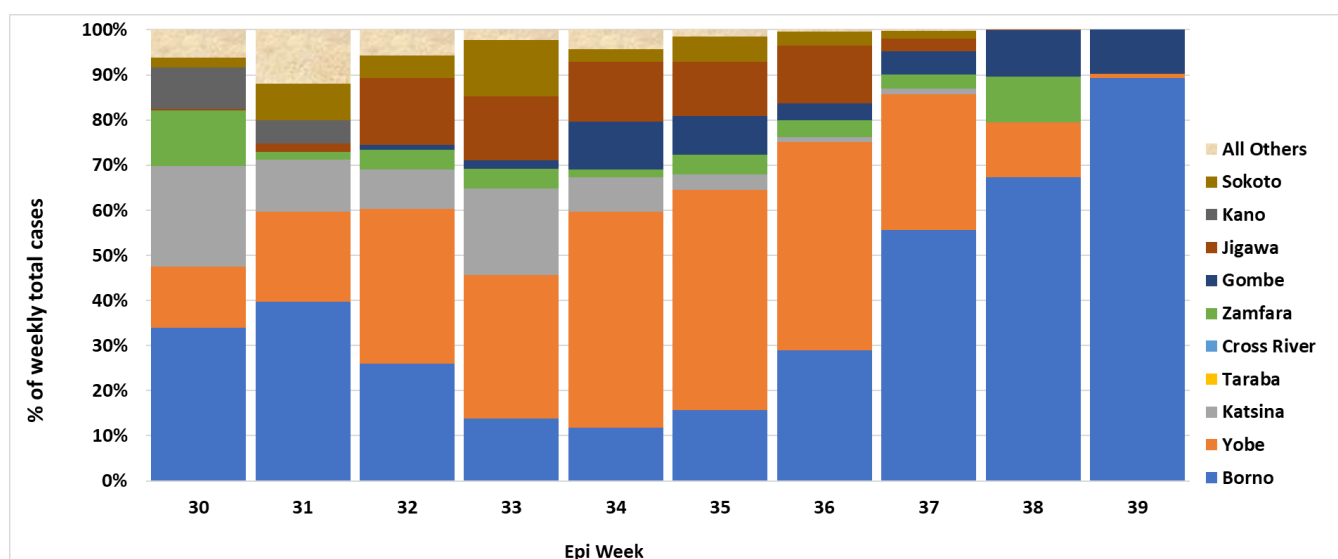
Table 4: Top 10 states in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Borno	3,663	34%	34%
2	Yobe	1,632	15%	49%
3	Katsina	767	7%	56%
4	Taraba	675	7%	63%
5	Cross River	649	6%	69%
6	Zamfara	630	6%	75%
7	Gombe	484	5%	80%
8	Jigawa	417	4%	84%
9	Bauchi	304	3%	87%

10	Kano	298	3%	90%
Total		9618	90%	

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

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Jere	Borno	1333	12%	12%
2	Bayo	Borno	749	7%	19%
3	Konduga	Borno	633	6%	25%
4	Dikwa	Borno	483	4%	30%
5	Talata Mafara	Zamfara	451	4%	34%
6	Gulani	Yobe	401	4%	38%
7	Gujba	Yobe	392	4%	41%
8	Fika	Yobe	358	4%	47%
9	Bali	Taraba	300	3%	47%
10	Gassol	Taraba	198	2%	49%
11	Ogoja	Cross River	197	2%	51%
12	Yamaltu Deba	Gombe	187	2%	53%
13	Wukari	Taraba	152	1%	54%
14	Fune	Yobe	150	1%	56%
15	Alkaleri	Bauchi	146	1%	58%
Total			6188	58%	



**Figure 8: Percentage contribution of weekly cases by state in recent 10 weeks, week 30 - 39, 2022**

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Epi Week: 39 2022

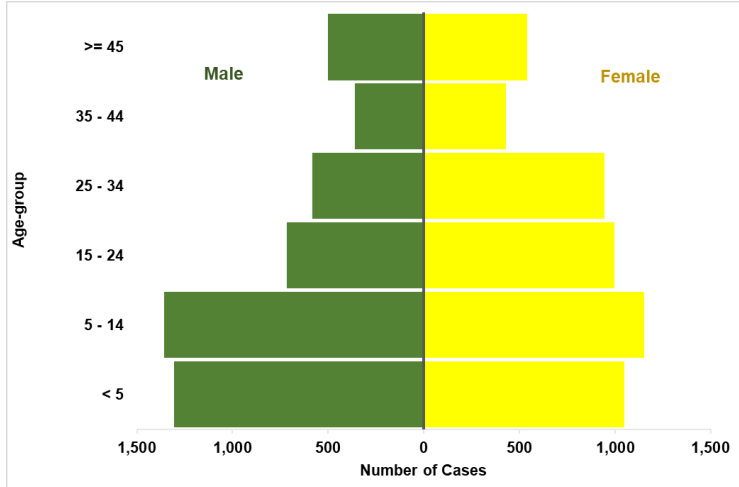


Figure 9. Age-Sex Pyramid for cumulative Cholera Cases, week 1-39, 2022: N=10,050

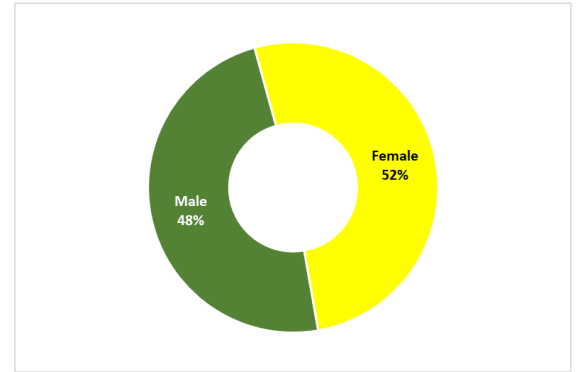


Figure 10. Sex disaggregation for cumulative Cholera cases, week 1-39, 2022: N=10,050

Figure 7: Age – Sex Pyramid and Sex Aggregation for cholera cases week 1-39, 2022.

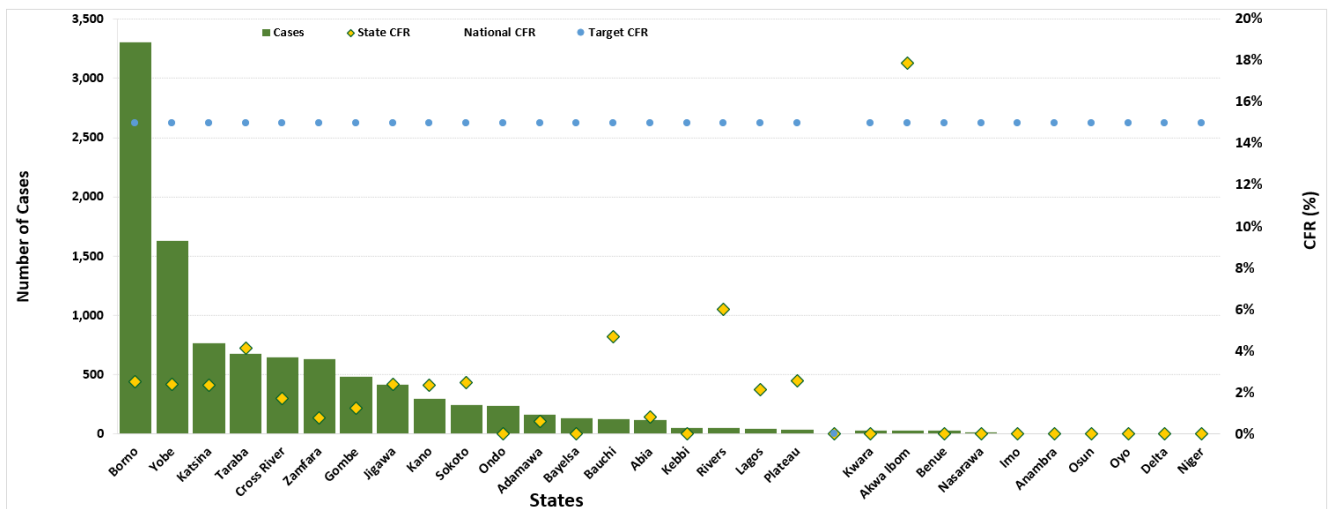


Figure 9: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1 - 39, 2022

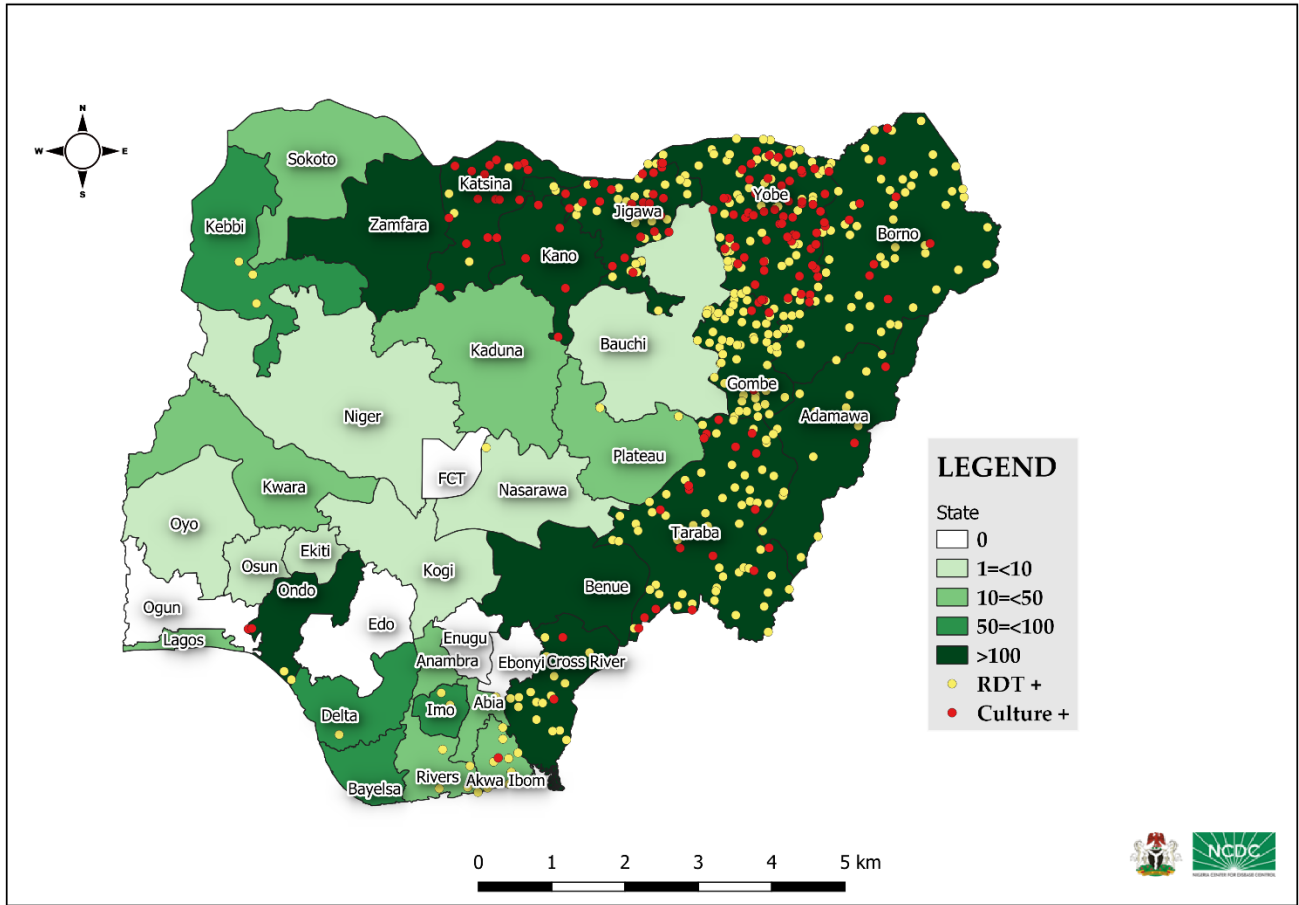


Figure 10. Map of Nigeria showing states with RDT + Culture and suspected cases, week 1 - 39, 2022

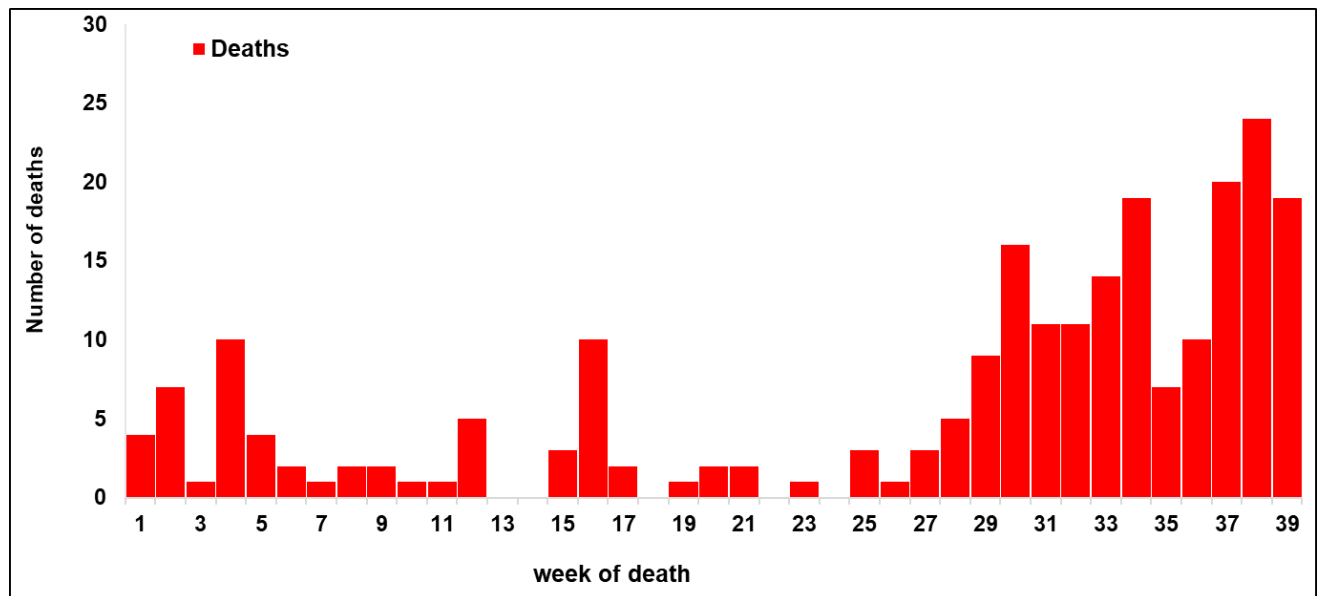


Figure 11: Trends in deaths, week 1 - 39, 2022, Nigeria





Table 7: Response activities

Pillar	Activities to date	Next steps
<i>Coordination</i>	<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 (FMEnvrt), National Primary Health Care Development Agency (NPHCDA) and Development 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>Ongoing review of National Cholera Plan</li> </ul>
<i>Surveillance</i>	<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>
<i>Laboratory</i>	<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>Planned sub-national level training of Laboratory Scientists on sample collection and analysis</li> <li>Planned 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</li> </ul>	<ul style="list-style-type: none"> <li>Continue distribution of hygiene kits to affected states</li> </ul>

	cholera hotspots	
<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 EOC currently activated in 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  $\geq 2$  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 751 cases were added to the 1677 cases for the month of August and makes a total of 2428 cases*

**DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 2<sup>nd</sup> OCTOBER 2022**