



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 5

Epidemiological week 18 - 22: (29 April 2024 - 2 June 2024)

Key Points

Table 1: Current Epi-summary for week 22, 2024

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
2	1	50.0%	2	2

Table 2: Cumulative suspected cases (Epi week 1 - 22, 2024)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
882	16	1.9%	30	84

Table 3: Summary of monthly reported cases (Epi week 1 - 22, 2024)

Months	Epi-Weeks	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	294	3	1.0%	14	28
February	5 - 8	291	4	1.4%	20	35
March	9 - 12	210	4	1.9%	18	36
April	13 - 17	60	3	5.0%	10	19
May	18 - 22	27	2	7.4%	12	17

	Week 1	Week 22	
Summary	2023	2024	% Change
Suspected Cases	2,330	882	-62%
Deaths	61	16	-74%
CFR	2.6%	1.8%	-31%

Table 4: Comparison of cumulative cases as at week 22, 2023 and 2024

Week 22 Highlight

- 2 new cases were reported, 10 deaths with CFR = 50.0%
- 2 States Katsina (1) and Kwara (1) reported cases of Cholera within the Epidemiological week

In the reporting month,

- States have reported 27 suspected cases of Cholera, Bauchi (6), Bayelsa (5), Kano (4), Imo (2), Kwara (2), Katsina (2) with FCT, Sokoto, Adamawa, Ekiti, Ebonyi and Niger reporting (1) case each
- 2 Deaths was recorded with CFR = 7.4%
- 2 Rapid Diagnostic Tests (RDT) were conducted with no positive result
- 8 stool culture tests were conducted and with 0 positive result
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary for 2024

- As of 2nd June 2024, a total of 882 suspected cases including 16 deaths (CFR 1.9%) have been reported from 30 states
- Of the suspected cases since the beginning of the year, age groups <5 years are mostly affected, followed by the age groups 5 - 14 years in aggregate of both males and females
- Of all suspected cases, 49% are males and 51% are females
- Bayelsa (442 cases) accounts for 50.0% of all suspected cases in the country of the 30 States that have reported cases of cholera
- Southern Ijaw LGA (146 cases) in Bayelsa State accounts for 16.6% of all suspected cases reported in the country
- Other States; Zamfara (64 cases), Abia (51 cases), Bauchi (46 cases), Cross River (42 cases), Ebonyi (38 cases), Delta (34 cases), Katsina (28 cases), Imo (28 cases), Nasarawa (19), Ondo (17 cases), Kano (13 cases), Osun (11 cases), and Niger (11 cases) account for 45.6% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year have decreased by 62% compared to what was reported as at Epi-week 22 in 2023. Likewise, cumulative deaths recorded have decreased by 74% in 2024

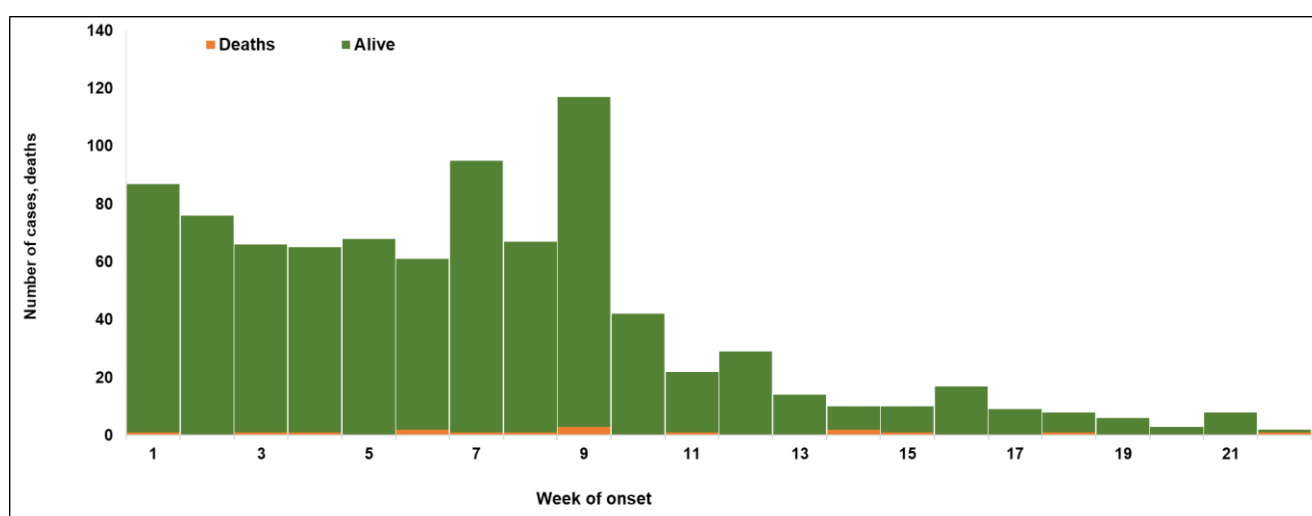


Figure 1: National Epidemic curve of weekly reported Cholera cases, week 1 to week 22, 2024

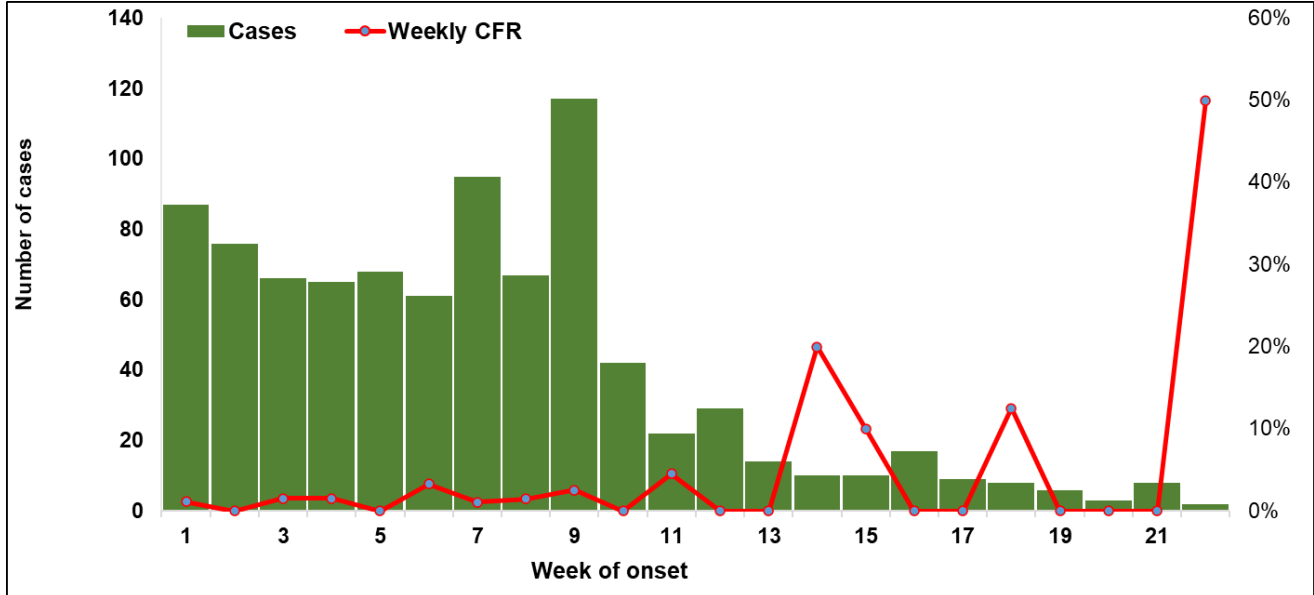


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 – 22, 2024, Nigeria

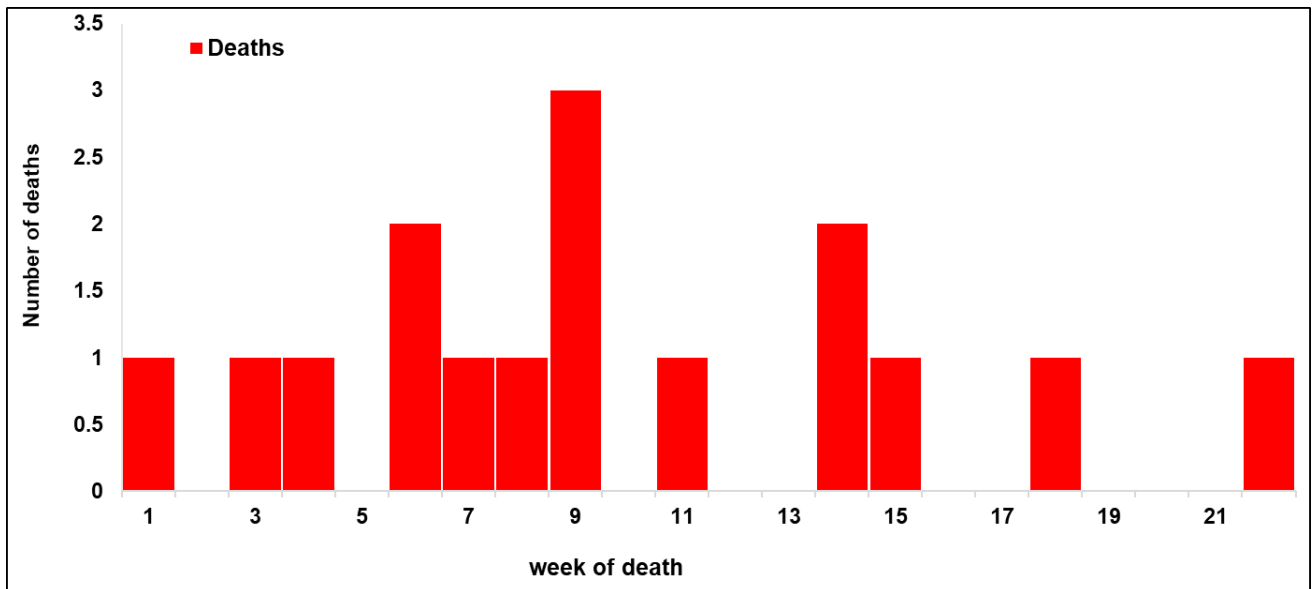


Figure 3: Trends in deaths, Epi weeks 1 - 22, 2024, Nigeria

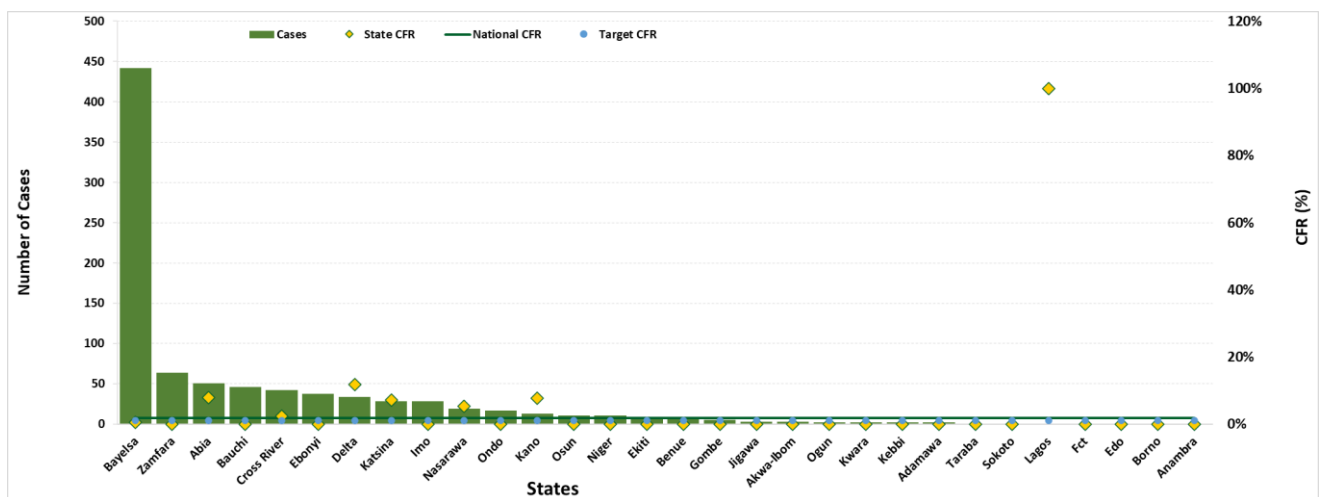


Figure 4: States' Cholera cases by Case fatality ratio (CFR) Epi-weeks 1 - 22, 2024

Table 5: Top 9 States in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Bayelsa	442	50%	50%
2	Zamfara	64	7%	57%
3	Abia	51	6%	63%
4	Bauchi	46	5%	68%
5	Cross River	42	5%	73%
6	Ebonyi	38	4%	77%
7	Delta	34	4%	81%
8	Katsina	28	3%	84%
9	Imo	28	2%	86%
Total		773	86%	

Table 6: Top 14 Local Government Areas (LGAs) in cumulative cases

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Southern Ijaw	Bayelsa	146	17%	17%
2	Yenagoa	Bayelsa	67	8%	24%
3	Talata Mafara	Zamfara	57	6%	31%
4	Nembe	Bayelsa	54	6%	37%
5	Ekeremor	Bayelsa	52	6%	43%
6	Kolokuma/Opokuma	Bayelsa	40	5%	47%
7	Ogbia	Bayelsa	37	4%	52%
8	Sagbama	Bayelsa	35	4%	56%
9	Warri South West	Delta	34	4%	60%
10	Giade	Bauchi	33	3%	63%
11	Afikpo North	Ebonyi	28	3%	66%
12	Umu-Nneochi	Abia	24	2%	68%
13	Kokona	Nasarawa	19	2%	70%
14	Okitipupa	Ondo	16	2%	72%
Total			642	72%	

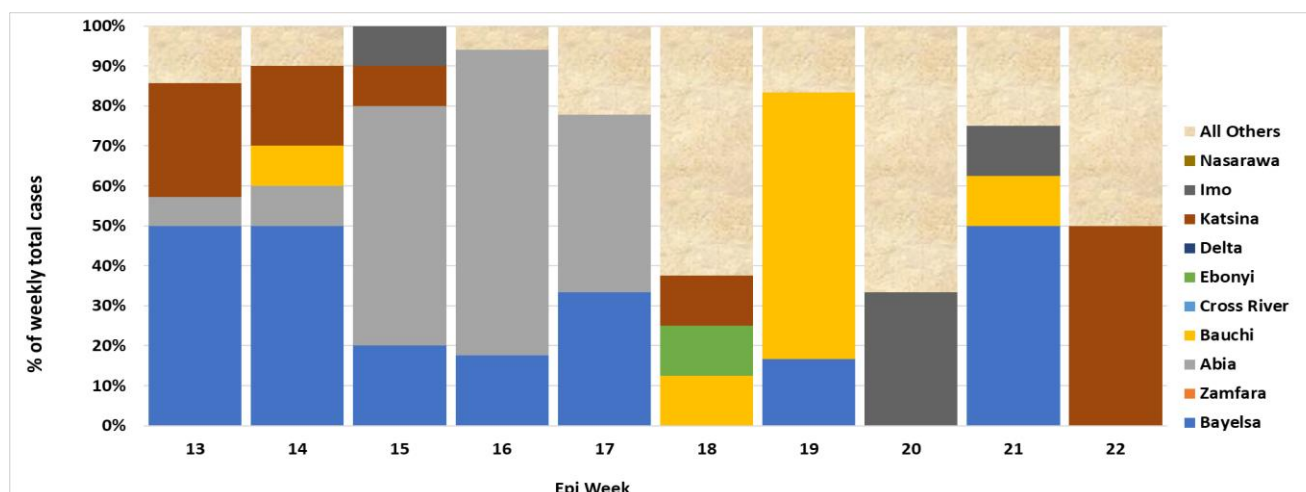


Figure 5: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

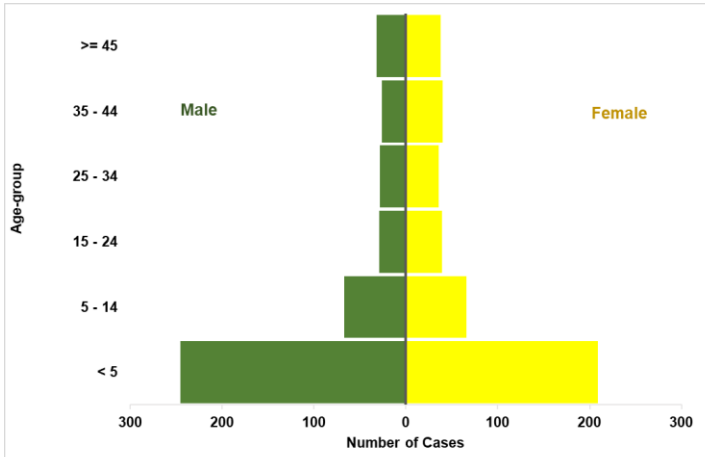


Figure 6. Age-Sex Pyramid for cumulative Cholera Cases, week 1-22, 2024: N=882

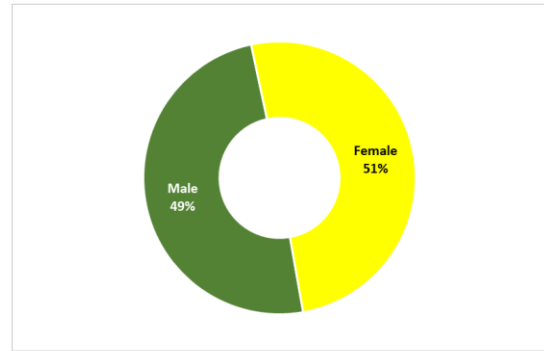


Figure 7. Sex disaggregation for cumulative Cholera cases, week 1-22, 2024: N=882

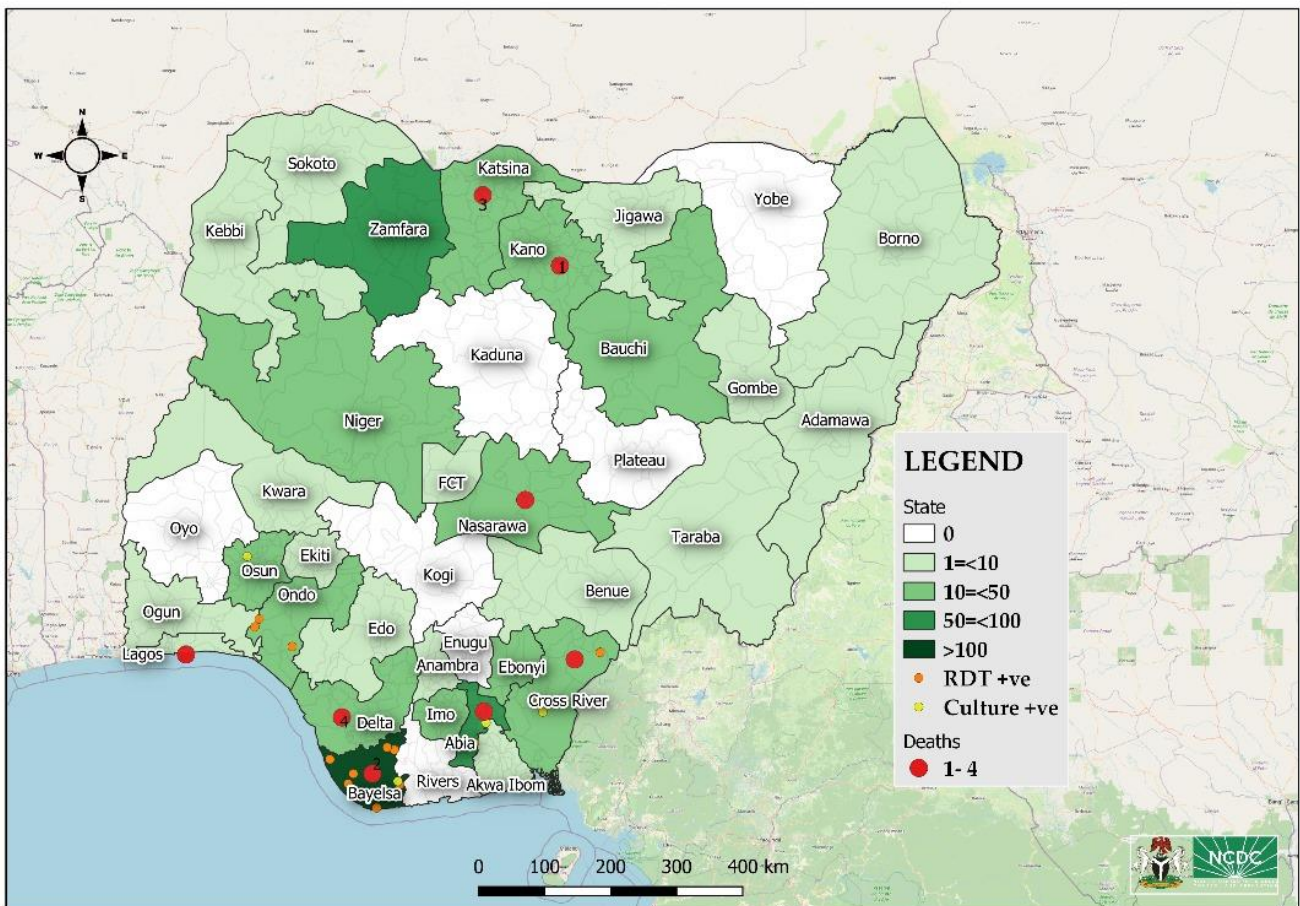


Fig. 8: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 22, 2024

Table 7. Summary table for Weekly & Cumulative number of Cholera Cases, for 2024

States	Reporting cases in 2024	State outbreak status*	Current week: (Week 22)					Cumulative (Week 1 - 22)					
			Cases		Deaths		Tests		Cases	Deaths	CFR	Tests	
			Cases	% change	Deaths	% change	RDT (%Pos)	Culture (%pos)				RDT (%Pos)	Culture (%pos)
1 Abia							51	4	7.8%	8 (0%)	7 (29%)		
2 Adamawa							2	-	0.0%		2 (0%)		
3 Akwa-Ibom							3	-	0.0%		3 (0%)		
4 Anambra							1	-	0.0%		1 (0%)		
5 Bauchi	Active		▼ 100%				46	-	0.0%				
6 Bayelsa	Active		▼ 100%				442	2	0.5%	35 (23%)	16 (6%)		
7 Benue							6	-	0.0%				
8 Borno							1	-	0.0%				
9 Cross River							42	1	2.4%	9 (22%)	2 (50%)		
10 Delta							34	4	11.8%				
11 Ebonyi							38	-	0.0%				
12 Edo							1	-	0.0%				
13 Ekiti	Active		▼ 100%				6	-	0.0%		2 (0%)		
14 Fct	Active						1	-	0.0%		1 (0%)		
15 Gombe							5	-	0.0%		4 (0%)		
16 Imo	Active		▼ 100%				28	-	0.0%	2 (0%)	7 (0%)		
17 Jigawa							3	-	0.0%				
18 Kano							13	1	7.7%				
19 Katsina	Active		1 ▲ 100%	1 ▲ 100%			28	2	7.1%		4 (0%)		
20 Kebbi							2	-	0.0%				
21 Kwara	Active		1 ▲ 100%				2	-	0.0%		1 (0%)		
22 Lagos							1	1	100.0%		1 (0%)		
23 Nasarawa							19	1	5.3%	1 (0%)	1 (0%)		
24 Niger	Active		▼ 100%				11	-	0.0%		2 (0%)		
25 Ogun							2	-	0.0%		1 (0%)		
26 Ondo							17	-	0.0%	6 (50%)	8 (13%)		
27 Osun							11	-	0.0%		10 (10%)		
28 Sokoto	Active						1	-	0.0%				
29 Taraba							1	-	0.0%		1 (0%)		
30 Zamfara							64	-	0.0%				
National	9		2 ▼ 75%	1 ▲ 100%			882	16	1.8%	61 (21%)	74 (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 the Federal Ministry of Health (FMOH), Federal Ministry of Water Resources (FMWR), Federal Ministry of Environment (FMEv), National Primary Health Care Development Agency (NPHCDA) and Development Partners Activation of EOC 	<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 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"> • Collect samples of all water sources and food samples in all the affected LGAs. Inspect water production facilities and collect environmental samples. • 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 sensitization 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 workshop 	<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 Emergency Operation Centres (EOCs) activated in Lagos 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)
- Poor utilization of RDTs distributed to facilities and surveillance officers
- 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 for epi week 5 - 8 (10) was added*
- *A backlog of suspected cases for epi week 9 - 12 (14) was added*
- *A backlog of suspected cases for epi week 13 - 17 (12) was added*

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 2nd JUNE 2024