



# Cholera Situation Report

## MONTHLY EPIDEMIOLOGICAL REPORT 2

Epidemiological week 5 - 8: (29 January 2024 - 25 February 2024)

### Key Points

Table 1: Current Epi-summary for week 8, 2024

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
3	0	0.0%	2	2

Table 2: Cumulative suspected cases (Epi week 1 - 8, 2024)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
318	4	1.3%	15	36

Months	Epi-Weeks	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	226	3	1.3%	9	23
February	5 - 8	92	1	1.1%	14	21

Table 3: Summary of monthly reported cases (Epi week 1 - 8, 2024)

	Week 1	Week 8	
<b>Summary</b>	<b>2023</b>	<b>2024</b>	<b>% Change</b>
<b>Suspected Cases</b>	1,472	318	-78%
<b>Deaths</b>	45	4	-91%
<b>CFR</b>	3.1%	1.3%	-59%

Table 4: Comparison of cumulative cases as at week 8, 2023 and 2024

### Week 8 Highlight

- 3 new cases were reported, 0 deaths with CFR = 0.0%
- 2 States Ogun (1) and Osun (2) reported cases of Cholera within the Epidemiological week

### In the reporting month,

- States have reported 92 suspected cases of Cholera, Bauchi (38), Cross River (16), Bayelsa (10), Osun (7), Delta (5), Gombe (4), Imo (3), Katsina (2), Ogun (2), and Akwa Ibom, Benue, Edo, Ekiti and Kano each reporting (1).
- 1 Deaths was recorded with CFR = 1.1%
- No Rapid Diagnostic Test (RDT) was conducted
- 18 stool culture tests were conducted with 1 positive result (Bayelsa – 1)
- National multi-sectoral Cholera TWG continues to monitor response across states

### Cumulative Epi-Summary for 2024

- As of **25<sup>th</sup> February 2024**, a total of **318 suspected cases including 4 deaths (CFR 1.3%)** have been reported from 15 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, **48% are males and 52% are females**
- Bayelsa (169 cases) accounts for 53% of all suspected cases in the country of the 15 States that have reported cases of cholera
- Southern Ijaw LGA (83 cases) in Bayelsa State accounts for 26% of all suspected cases reported in the country
- Other States; Cross River (42 cases), Bauchi (38 cases), Delta (24 cases), Katsina (9 cases), Osun (8 cases), Kano (6 cases), Gombe (4 cases) and Imo (3 cases) account for 43% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year have decreased by 78% compared to what was reported as at Epi-week 8 in 2023. Likewise, cumulative deaths recorded have decreased by 91% in 2024

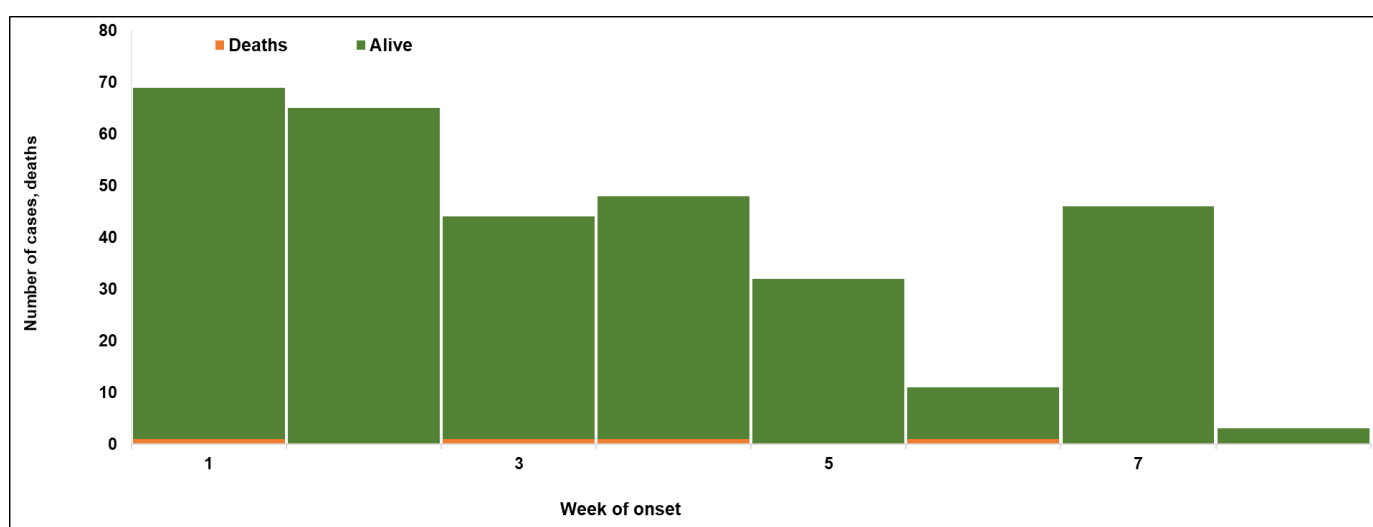


Figure 1: National Epidemic curve of weekly reported Cholera cases, week 1 to week 8, 2024

# Cholera Situation Report

Epi Week: 8, 2024

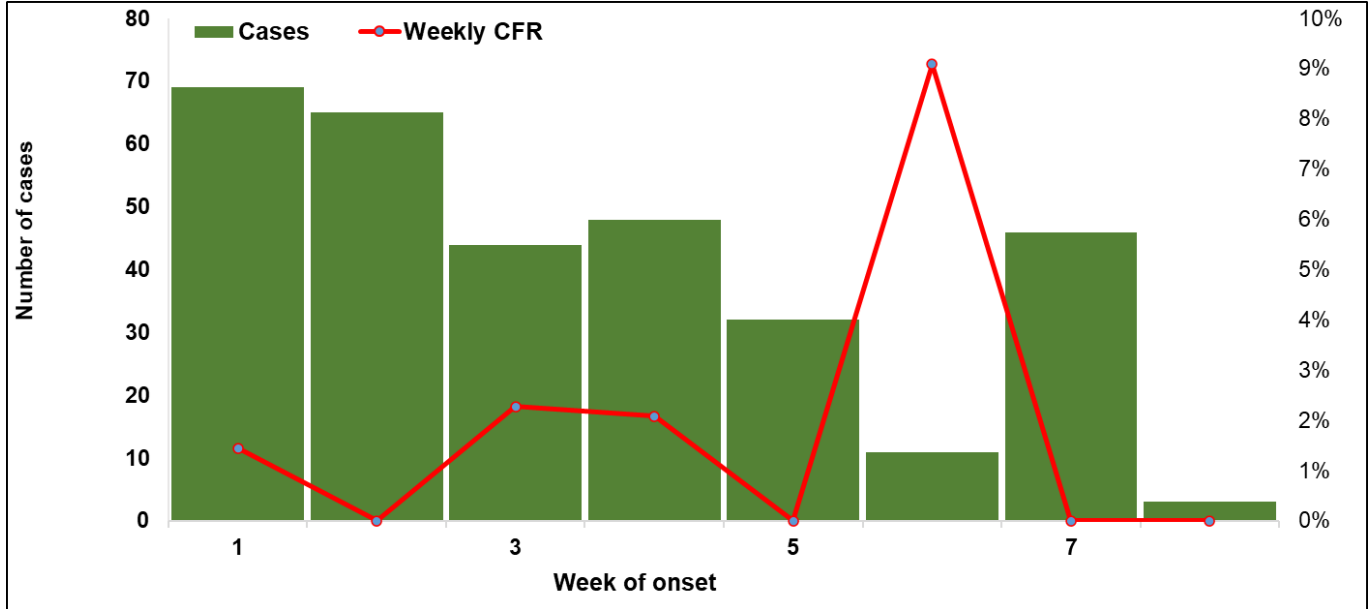


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 - 8, 2024, Nigeria

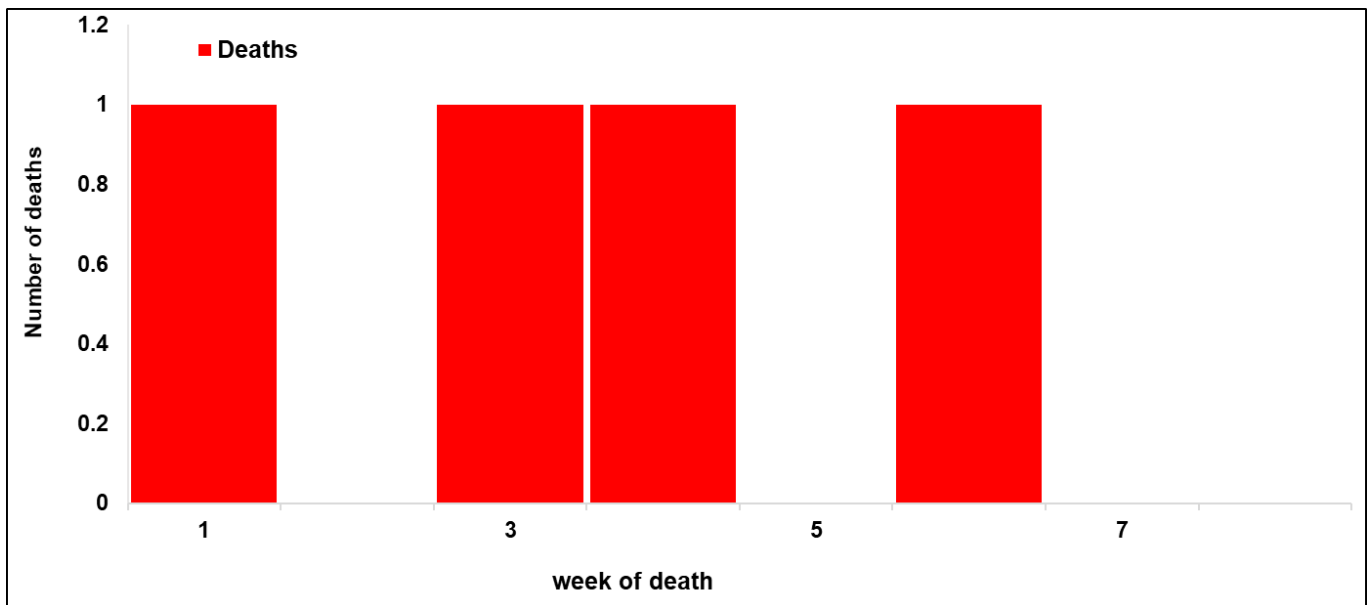


Figure 3: Trends in deaths, Epi weeks 1 - 8, 2024, Nigeria

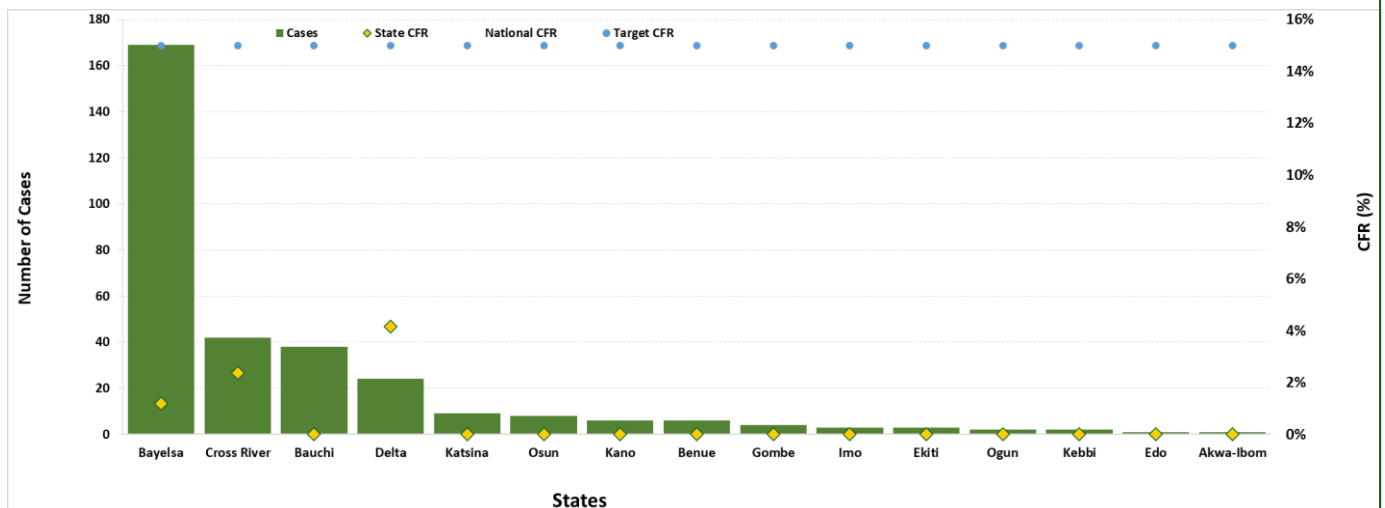


Figure 4: States' Cholera cases by Case fatality ratio (CFR) Epi-weeks 1 - 8, 2024

Table 5: Top 9 States in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Bayelsa	169	53%	53%
2	Cross River	42	13%	66%
3	Bauchi	38	12%	78%
4	Delta	24	8%	86%
5	Katsina	9	3%	89%
6	Osun	8	3%	92%
7	Kano	6	2%	94%
8	Gombe	4	1%	95%
9	Imo	3	1%	96%
Total		309	96%	

Table 6: Top 9 Local Government Areas (LGAs) in cumulative cases

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Southern Ijaw	Bayelsa	83	26%	26%
2	Giade	Bauchi	33	10%	36%
3	Warri South West	Delta	24	8%	44%
4	Ogbia	Bayelsa	21	7%	51%
5	Etung	Cross River	16	5%	56%
6	Yenagoa	Bayelsa	14	4%	60%
7	Biase	Cross River	13	4%	64%
8	Sagbama	Bayelsa	12	4%	68%
9	Nembe	Bayelsa	12	4%	72%
Total			228	72%	

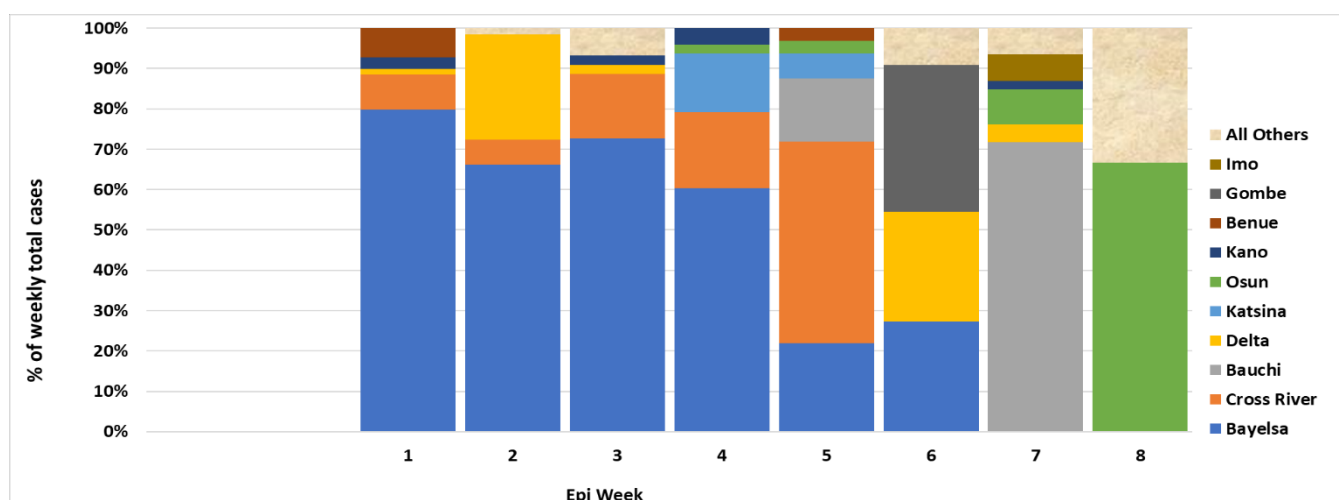


Figure 5: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

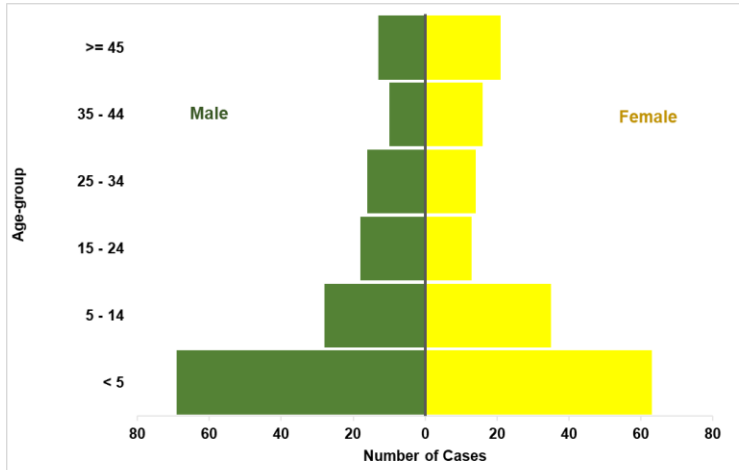


Figure 6. Age-Sex Pyramid for cumulative Cholera Cases, week 1-8, 2024: N=318

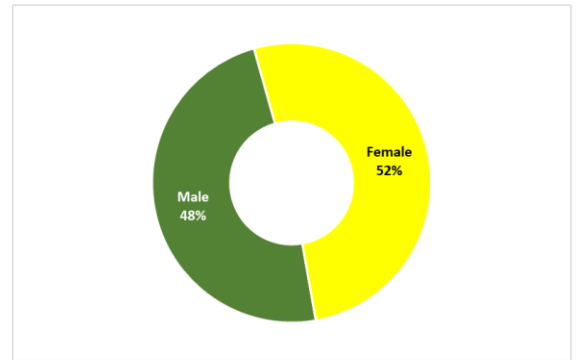


Figure 7. Sex disaggregation for cumulative Cholera cases, week 1-8, 2024: N=318

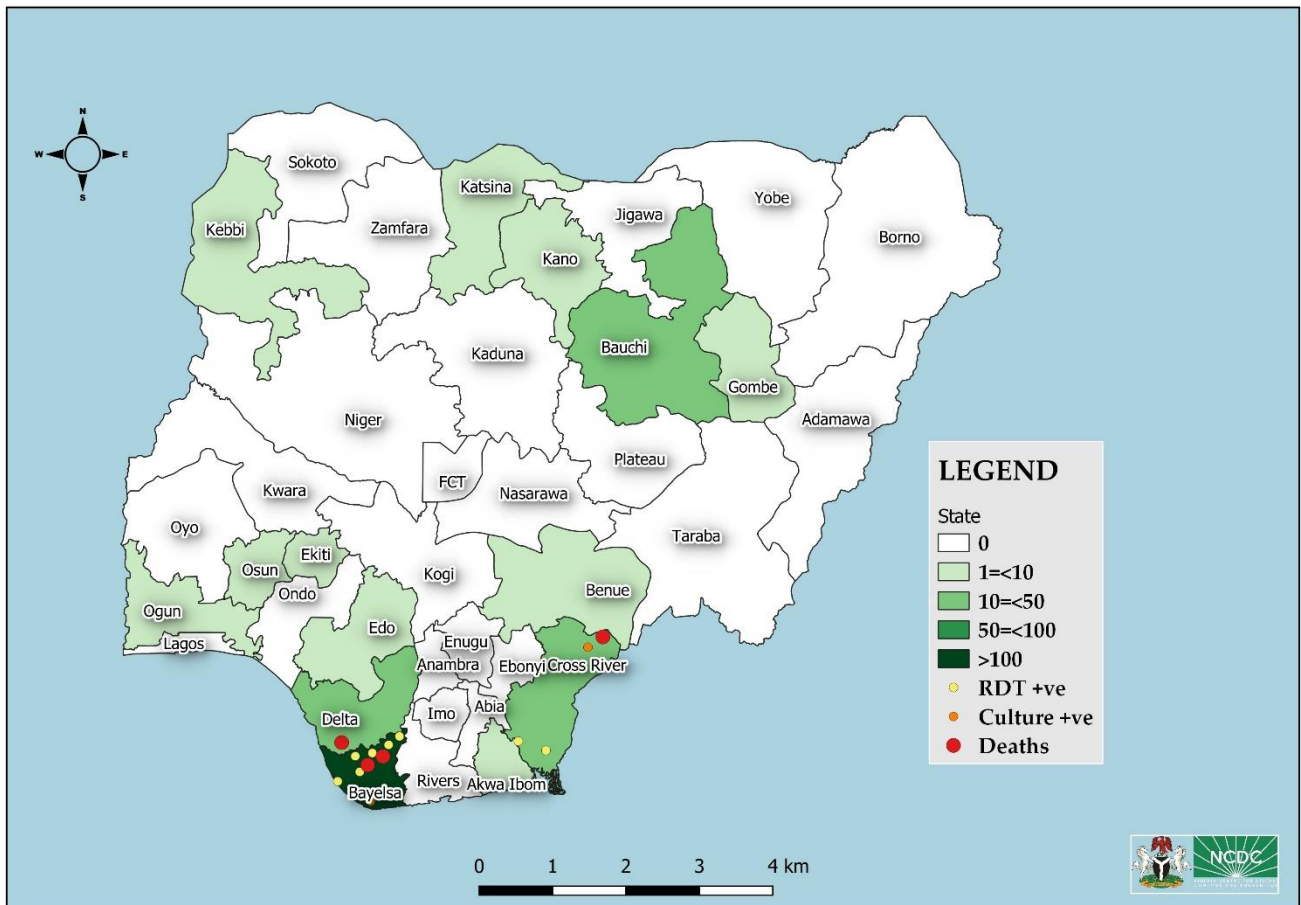


Fig. 8: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 8, 2024



<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 and CPHL Yaba-Lagos</li> </ul>	<ul style="list-style-type: none"> <li>• Ongoing sub-national level training of Laboratory Scientists on sample collection and analysis</li> <li>• Ongoing 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 cholera hotspots</li> <li>• Conducted WASH Sector review workshop</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 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 Emergency Operation Centres (EOCs) activated in Cross River and states Bayelsa	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  $\geq 2$  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 suspected cases from epi week 1 - 4 (57) was added*
- *A backlog of deaths in suspected cases from epi week 1 - 4 (1) was added*

**DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 25<sup>th</sup> FEBRUARY 2024**