



# Cholera Situation Report

## MONTHLY EPIDEMIOLOGICAL REPORT 21

Epidemiological week 38: (16 September 2024 – 22 September 2024)

### Key Points

Table 1: Current Epi-summary for week 38, 2024

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
534	12	2.2%	15	43

Table 2: Cumulative suspected cases (Epi week 1 - 38, 2024)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
9964	317	3.2%	37	327

Months	Epi-Weeks	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	361	3	0.8%	19	43
February	5 - 8	594	10	1.7%	24	49
March	9 - 12	530	5	0.9%	19	54
April	13 - 17	194	5	2.6%	18	42
May	18 - 22	158	2	1.3%	24	51
June	23 - 26	2586	102	3.9%	31	133
July	27 - 30	2126	54	2.5%	35	177
August	31 - 35	1844	69	3.7%	27	117
September	36 - 38	1571	67	4.3%	20	93

Table 3: Summary of monthly reported suspected cases (Epi week 1 - 38, 2024)

Week			
1 -- 38			
Summary	2023	2024	% Change
<b>Suspected Cases</b>	<b>3,342</b>	<b>9,964</b>	<b>198%</b>
<b>Deaths</b>	<b>105</b>	<b>317</b>	<b>202%</b>
<b>CFR</b>	<b>3.1%</b>	<b>3.2%</b>	<b>1%</b>

**Table 4: Comparison of cumulative suspected cases as at week 38, 2023 and 2024**

### Week 38 Highlight

- 534 new suspected cases were reported, 12 deaths with CFR = 2.2%
- 15 States Adamawa (289), Jigawa (86), Lagos (62), Borno (32), Yobe (20), Oyo (16), Kano (10), Kaduna (6), Fct (4), Ebonyi (4), with Sokoto, Kogi, Akwa Ibom, Imo and Bauchi states reporting 1 case each within the Epidemiological week

### In the reporting month,

- States have reported 1571 suspected cases of Cholera, Jigawa (379), Adamawa (378), Lagos (259), Kano (133), Bauchi (90), Yobe (84), Katsina (78), Borno (56), Oyo (46), Kaduna (31), Edo (13), Kebbi (5), Ebonyi (4), Sokoto (4), Fct (4), Akwa Ibom (2), Zamfara (2), Imo (2) and Kogi (1)
- 67 Deaths was recorded with CFR = 4.3%
- 211 Rapid Diagnostic Tests (RDT) were conducted with 136 positive results
- 137 stool culture test was conducted and with 92 positive results
- National multi-sectoral Cholera TWG continues to monitor response across states

### Cumulative Epi-Summary for 2024

- As of **22<sup>nd</sup> September 2024**, a total of **9,964 suspected cases including 317 deaths (CFR 3.2%)** have been reported from 36 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, **52% are males and 48 are females**
- Lagos (4,667 cases) accounts for 47% of all suspected cases in the country of the 36 States that have reported cases of cholera
- Lagos Island LGA (596 cases) in Lagos State accounts for 6% of all suspected cases reported in the country
- Other States; Jigawa (869 cases), Katsina (558 cases), Borno (556 cases), Bayelsa (513 cases), Adamawa (392 cases), Bauchi (307 cases), Kano (217 cases), Ebonyi (214 cases), Zamfara (212 cases), Rivers (166 cases), Abia (159 cases), Yobe (146 cases), Ogun (133 cases), Oyo (128 cases), Imo (90 cases), Delta (85 cases), Kaduna (74), Edo (55 cases), Cross River (54 cases), Osun (49 cases), Sokoto (46 cases), Ondo (41 cases), Akwa Ibom (30 cases), Kebbi (27 cases), Kogi (25 cases), Benue (23 cases), Nasarawa (23 cases), Fct (23 cases), Ekiti (19 cases), Niger (17 cases), Gombe (16 cases) and Kwara (16 cases) account for 53% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year have increased by 198% compared to what was reported as at Epi-week 38 in 2023. Likewise, cumulative deaths recorded have increased by 202% in 2024

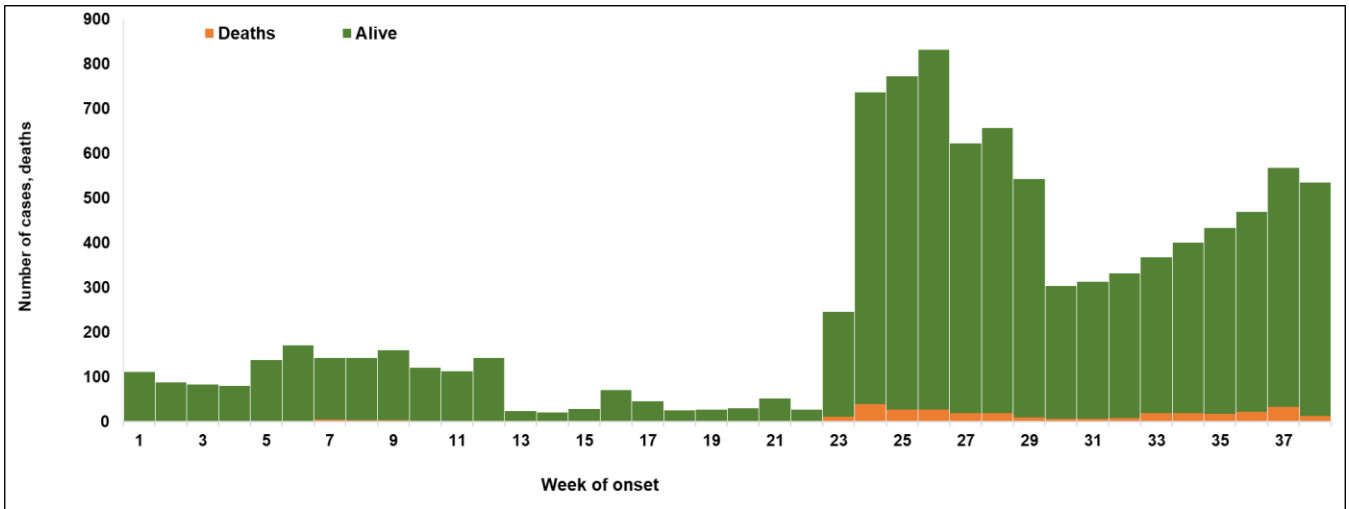


Figure 1: National Epidemic curve of weekly reported Cholera suspected cases, week 1 to week 38, 2024

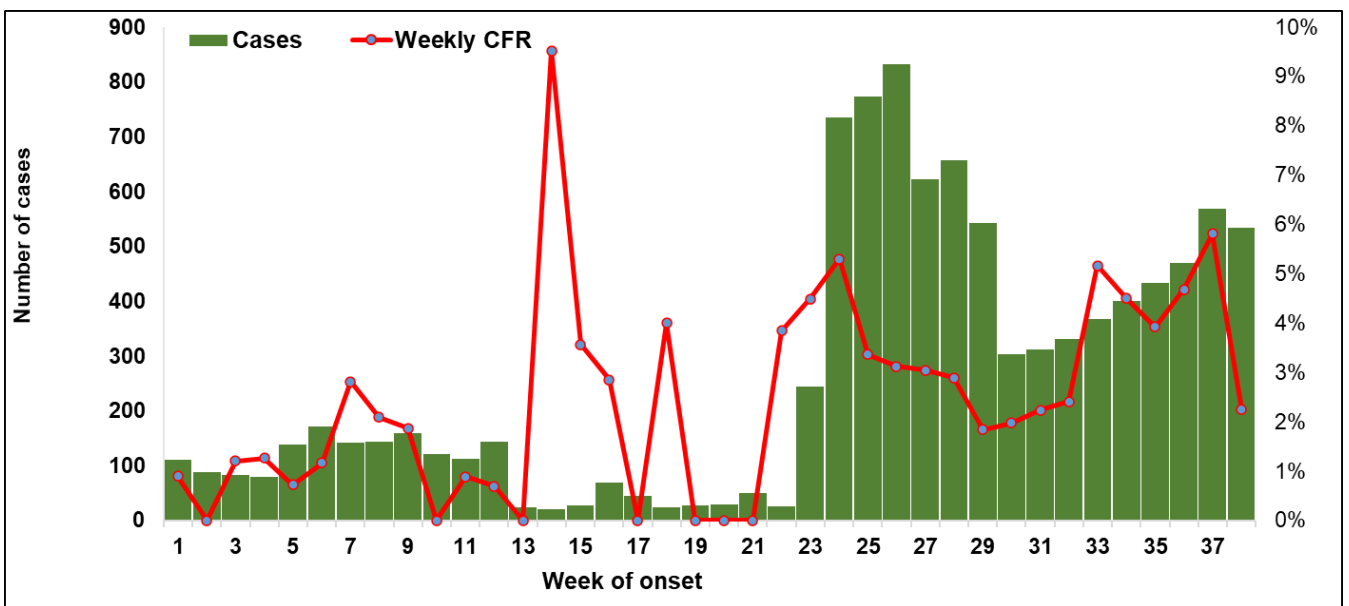


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 – 38, 2024, Nigeria

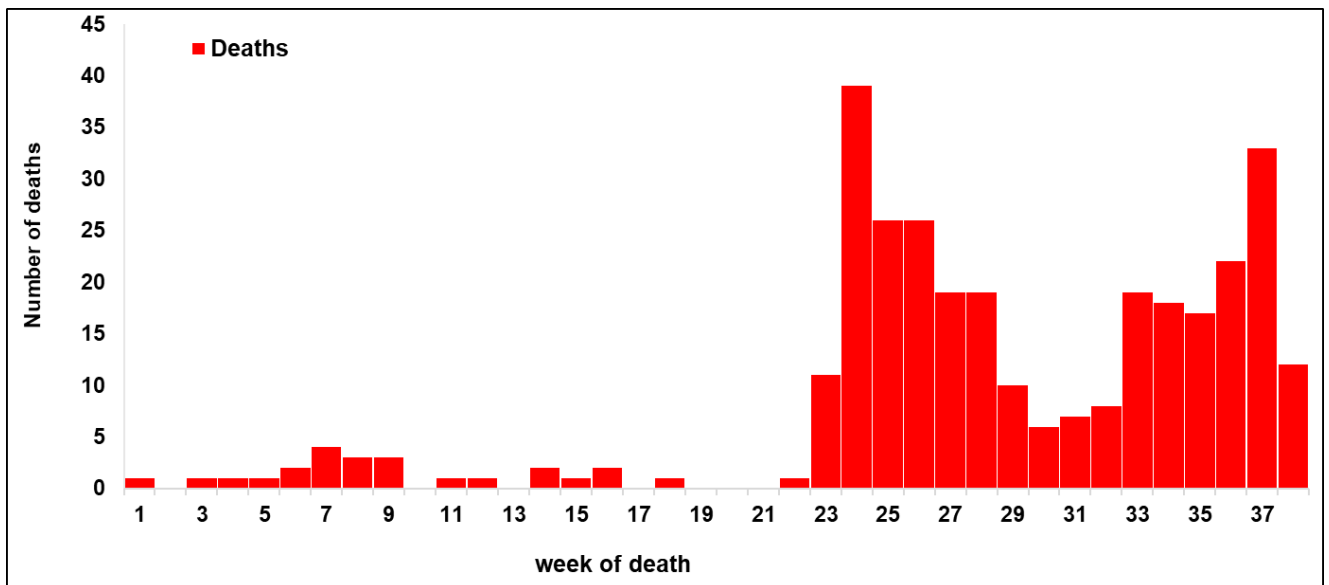


Figure 3: Trends in deaths, Epi weeks 1 - 38, 2024, Nigeria

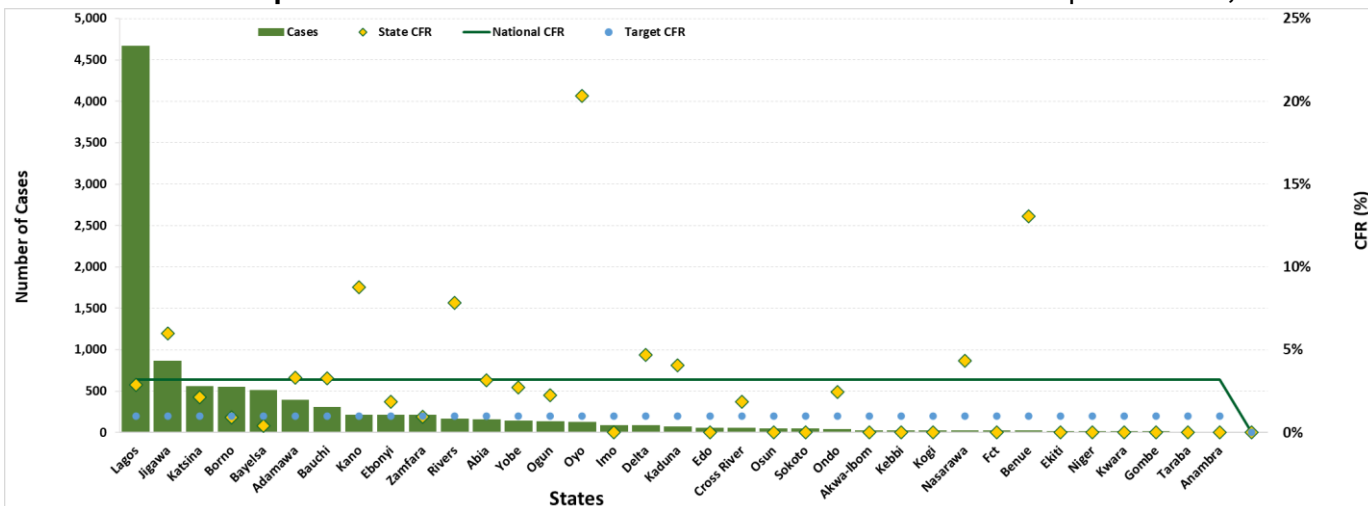


Figure 4: States' Cholera suspected cases by Case fatality ratio (CFR) Epi-weeks 1 - 38, 2024

Table 5: Top 9 States in cumulative suspected cases

No	State	Suspected cases	Percent of cumulative cases	Cumulative % of total cases
1	Lagos	4,667	47%	47%
2	Jigawa	869	9%	56%
3	Katsina	558	6%	61%
4	Borno	556	6%	67%
5	Bayelsa	513	5%	72%
6	Adamawa	392	4%	76%
7	Bauchi	307	3%	79%
8	Kano	217	2%	83%
9	Ebonyi	214	2%	85%
Total		8510	85%	

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

No	LGA	State	Suspected cases	% of cumulative cases	Cumulative %
1	Lagos Island	Lagos	596	6%	6%
2	Eti-Osa	Lagos	576	6%	12%
3	Lagos Mainland	Lagos	562	6%	17%
4	Gwoza	Borno	450	5%	22%
5	Alimosho	Lagos	422	4%	26%
6	Ajeromi/Ifelodun	Lagos	384	4%	30%
7	Yola North	Adamawa	362	4%	34%
8	Epe	Lagos	285	3%	39%
9	Surulere	Lagos	271	3%	42%
10	Auyo	Jigawa	216	2%	44%
11	Ikorodu	Lagos	198	2%	46%
12	Kosofe	Lagos	196	2%	48%
13	Apapa	Lagos	185	2%	50%
14	Southern Ijaw	Bayelsa	172	2%	52%
Total			5160	52%	

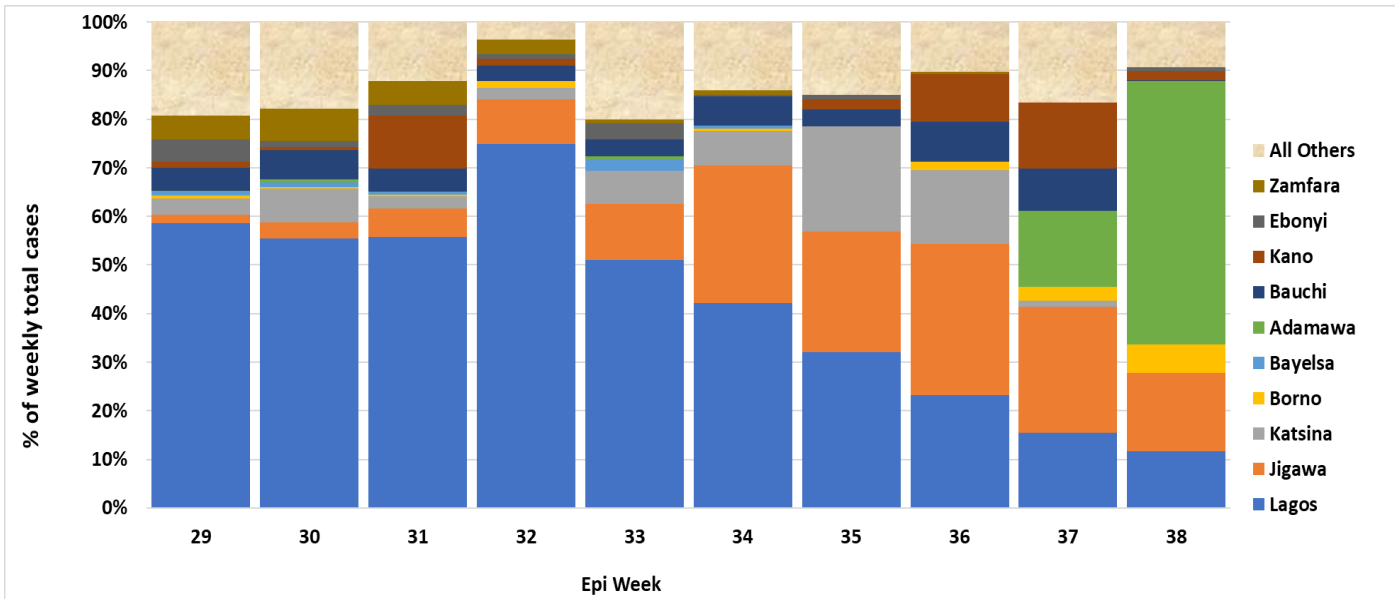


Figure 5: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

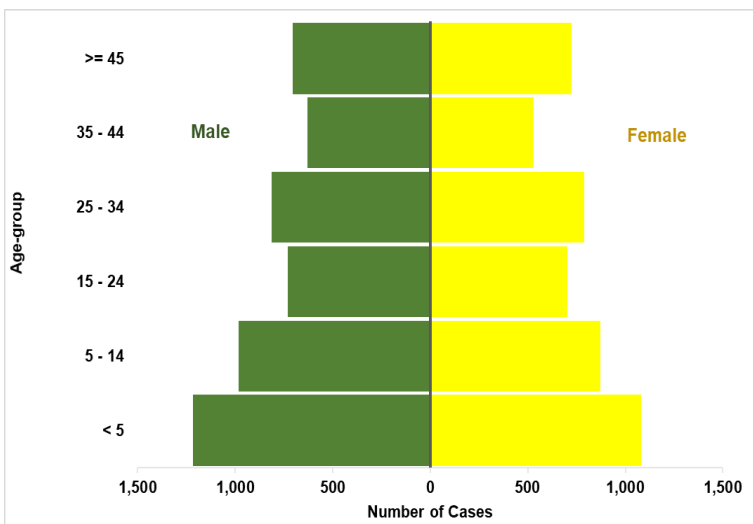


Figure 6. Age-Sex Pyramid for cumulative Cholera Cases, week 1-38, 2024: N=9,809

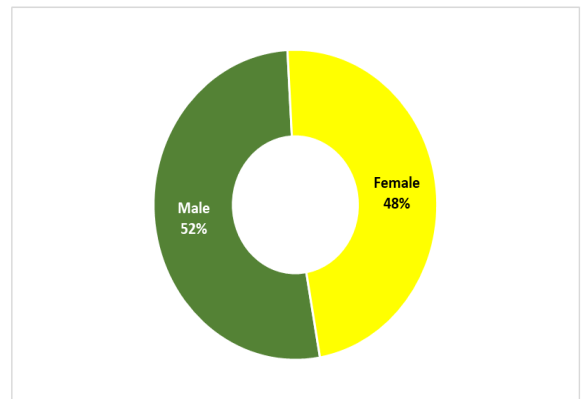


Figure 7. Sex disaggregation for cumulative Cholera cases, week 1-38, 2024: N=9,809

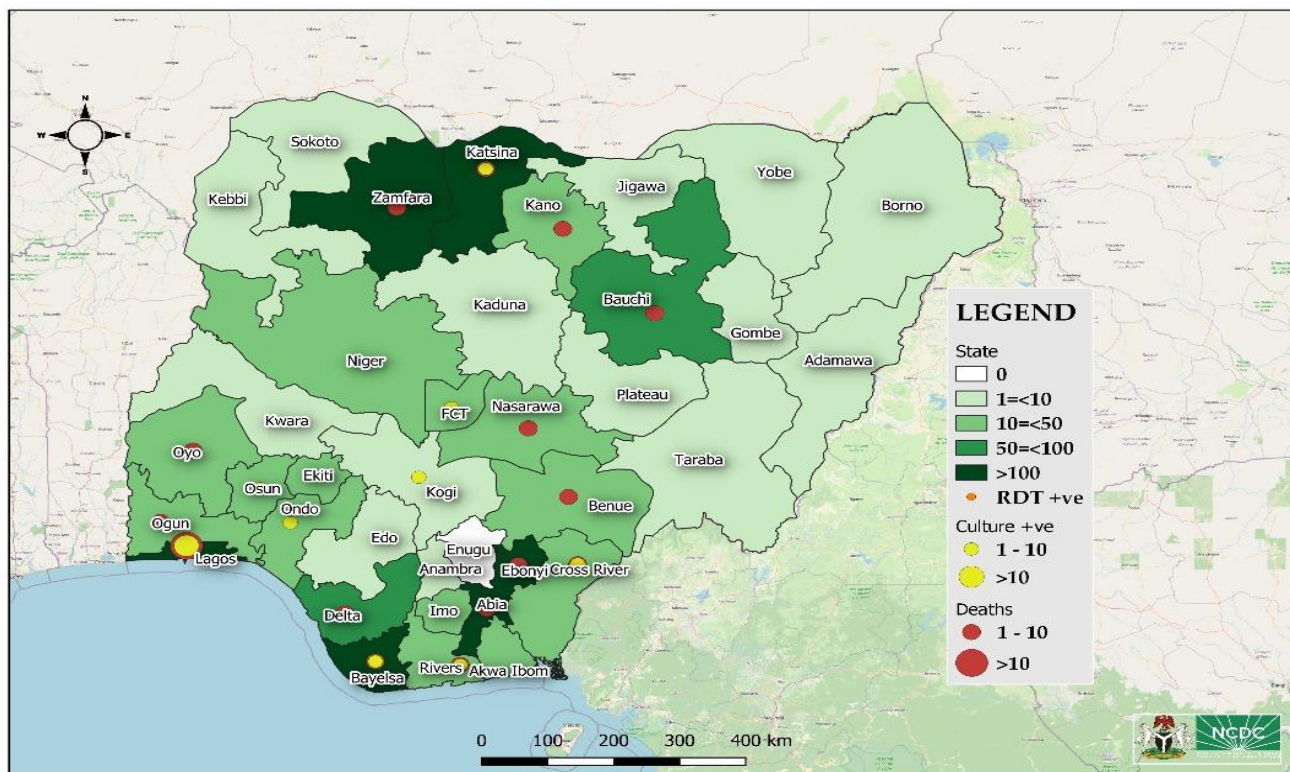


Fig. 8: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 38, 2024

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

States	Reporting cases in 2024	State outbreak status*	Current week: (Week 38)						Cumulative (Week 1 - 38)				
			Cases		Deaths		Tests		Cases	Deaths	CFR	Tests	
			Cases	% change	Deaths	% change	RDT (%Pos)	Culture (%pos)				RDT (%Pos)	Culture (%pos)
1 Abia								159	5	3.1%	38 (11%)	6 (0%)	
2 Adamawa	Active		267	▲ 203%	2	▼ 82%	26 (100%)	27 (70%)	369	13	3.5%	102 (93%)	90 (77%)
3 Akwa-Ibom	Active		12	▲ 1100%					13	-	0.0%		
4 Anambra	Active		1	▲ 100%					1	-	0.0%		
5 Bauchi	Active		10	▲ 233%				1 (0%)	281	6	2.1%	21 (14%)	39 (5%)
6 Bayelsa	Active		1	▼ 98%		▼ 100%			513	6	1.2%	35 (26%)	14 (0%)
7 Benue									23	-	0.0%	4 (50%)	5 (20%)
8 Borno	Active			▼ 100%					556	4	0.7%	31 (39%)	11 (18%)
9 Cross River	Active		19	▲ 73%			5 (100%)	1 (100%)	54	4	7.4%	33 (100%)	5 (60%)
10 Delta	Active		13	▲ 550%			2 (100%)	1 (100%)	78	2	2.6%	30 (13%)	12 (17%)
11 Ebonyi									214	4	1.9%	38 (21%)	
12 Edo									55	-	0.0%	5 (20%)	
13 Ekiti	Active		1	▲ 100%					18	-	0.0%		
14 Fct	Active		3	▲ 100%	3	▲ 100%			3	3	100.0%		
15 Gombe									7	-	0.0%	6 (0%)	4 (75%)
16 Imo	Active		4	▲ 100%				4 (25%)	90	-	0.0%	49 (12%)	22 (23%)
17 Jigawa	Active		9	▼ 93%		▼ 100%	1 (0%)	4 (0%)	868	46	5.3%	137 (17%)	46 (11%)
18 Kaduna	Active		55	▲ 267%	4	▲ 100%			74	6	8.1%		
19 Kano	Active		39	▲ 15%		▼ 100%			214	9	4.2%	52 (46%)	16 (69%)
20 Katsina	Active			▼ 100%		▼ 100%			558	23	4.1%	68 (4%)	50 (6%)
21 Kebbi	Active								27	-	0.0%	2 (0%)	
22 Kogi	Active								25	2	8.0%	5 (0%)	
23 Kwara									16	-	0.0%	2 (0%)	1 (0%)
24 Lagos	Active		1	▼ 98%			1 (0%)	1 (0%)	4,667	133	2.8%	3074 (7%)	2085 (5%)
25 Nasarawa	Active			▼ 100%					23	-	0.0%	23 (4%)	21 (0%)
26 Niger	Active		9	▲ 29%			9 (22%)	5 (0%)	17	1	5.9%	17 (12%)	11 (0%)
27 Ogun	Active		53	▲ 279%			53 (11%)	44 (0%)	133	2	1.5%	89 (18%)	66 (0%)
28 Ondo									41	1	2.4%	11 (9%)	5 (0%)
29 Osun									49	-	0.0%		4 (50%)
30 Oyo									128	3	2.3%	44 (9%)	66 (8%)
31 Plateau	#N/A								1	-	0.0%	1 (0%)	
32 Rivers	Active		16	▼ 24%	3	▼ 50%		1 (0%)	166	33	19.9%	21 (24%)	13 (31%)
33 Sokoto									46	1	2.2%	7 (86%)	16 (56%)
34 Taraba									9	1	11.1%	2 (100%)	
35 Yobe	Active		1	▼ 67%				1 (100%)	146	3	2.1%	35 (23%)	27 (19%)
36 Zamfara	Active		20	▼ 53%		▼ 100%			322	6	1.9%	65 (60%)	7 (14%)
<b>National</b>	<b>24</b>		<b>534</b>	<b>▼ 6%</b>	<b>12</b>	<b>▼ 64%</b>	<b>97 (42%)</b>	<b>90 (26%)</b>	<b>9,964</b>	<b>317</b>	<b>3.2%</b>	<b>4047 (13%)</b>	<b>2642 (9%)</b>

\*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 8: Response activities**

Pillar	Activities to date	Next steps
<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 (FMEEnv), National Primary Health Care Development Agency (NPHCDA) and Development Partners</li> <li>• Activation of EOC</li> <li>• Deployment of NRRT to 6 states</li> <li>• Deployment of NRRT to states with flooding, increased number of suspected cases and mortality</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>
<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> <li>• Surveillance Data validation and harmonization</li> <li>• Supporting active case search in hotspot LGAs and linking cases to treatment centers</li> </ul>	<ul style="list-style-type: none"> <li>• Continue data collation and harmonisation</li> <li>• Ongoing 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> <li>• Case management data validation and harmonization across treatment centers</li> <li>• Deployment of Facility Assessment tool to treatment centers on case management and IPC.</li> <li>• On the Job support to treatment facilities on case management data entry, validation and reporting</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>• Collect samples of all water sources and food samples in all the affected LGAs. Inspect water production facilities and collect environmental samples.</li> <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>

	<ul style="list-style-type: none"> <li>• Identification of laboratories for possible optimization for cholera diagnosis</li> <li>• Training of laboratory staff on sample collection, diagnosis and reporting</li> </ul>	
<b>WASH</b>	<ul style="list-style-type: none"> <li>• 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</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>• 4.47M vaccinations available in Lagos state</li> </ul>	<ul style="list-style-type: none"> <li>• Carry out the administration of the vaccines</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> <li>• Advocacy visits to the community and traditional leaders for Cholera prevention and treatment sensitization</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> <li>• Continue sensitization of community and traditional leaders</li> </ul>
<b>State Response</b>	Multi-sectoral State-level Emergency Operation Centres (EOCs) activated in Lagos State	Continue supporting state response activities

### Challenges

- Open defecation in affected communities
- Lack of potable drinking water in some rural areas and urban slums; water shortage leading to reliance on people selling water in Jerry cans
- 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
- No IEC materials at community level



- Inadequate consumables and supplies for case management
- Inadequate logistics for active case search thus insufficient active case search in the communities
- Inadequate WASH infrastructure and supplies including wastewater management facilities
- Treatment costs for patients with complications and co-morbidities not covered by the free treatment provided by the Lagos State Government
- Knowledge gap among case managers in testing and case management.

### 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
- State/LGA Surveillance officers to intensify community and facility based Active case search and follow-up weekly to reduce late/non reporting.
- Follow up on facilities to encourage the use of RDTs as well as documenting RDTs used
- Make available SOPs and protocols in the treatment center
- Discuss and collaborate with partners in the production of IEC materials
- Conduct Healthcare workers' training on IPC in prioritized health facilities
- Sensitization of identified hotspot communities on Cholera prevention
- 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 for epi week 1 - 4 (15) were added*
- *A backlog of suspected cases for epi week 5 - 8 (218) were added*
- *A backlog of suspected cases for epi week 9 - 12 (210) were added*
- *A backlog of suspected cases for epi week 18 - 22 (13) were added*

## Cholera Situation Report

Epi Week: 38, 2024

- *A backlog of suspected cases for epi week 23 - 26 (17) were added*
- *A backlog of suspected cases for epi week 27 - 30 (23) were added*
- *A backlog of suspected cases for epi week 31 - 35 (64) were added*

**DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 22<sup>nd</sup> SEPTEMBER 2024**