



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 2

Epidemiological week 9: (3 February – 2 March 2025)

Key Points

Table 1: Current Epi-summary for week 9, 2025

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

Table 2: Cumulative suspected cases (Epi week 1 - 9, 2025)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
1,149	28	2.4%	25	66

Table 3: Summary of monthly reported suspected cases (Epi week 1 - 9, 2025)

Months	Epi-Weeks	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 5	976	16	1.6%	22	52
February	6 - 9	173	12	6.9%	16	32

	Week		
	1 -- 9		
Summary	2024	2025	% Change
Suspected Cases	1,129	1,149	2%
Deaths	16	28	75%
CFR	1.4%	2.4%	72%

Table 4: Comparison of cumulative suspected cases as at week 9, 2024 and 2025

Week 9 Highlight

- 2 new suspected cases were reported, 0 death with CFR = 0.0%

- 2 States Osun (1) and Bauchi (1) reported cases of Cholera within the Epidemiological week

In the reporting month,

- States have reported 173 suspected cases of Cholera, Bayelsa (47), Rivers (44), Delta (23), Bauchi (13), Kogi (12), Akwa-Ibom (6), Kebbi (6), Nasarawa (5), Abia (5), Imo (4) with Osun and Borno each reporting two cases (2) and Benue, Taraba, Lagos and Ekiti each reporting one case (1)
- 12 Deaths were recorded with CFR = 6.9%
- 8 Rapid Diagnostic Tests (RDT) were conducted with 2 positive results
- 18 stool culture test was conducted and with 4 positive results
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary for 2025

- As of **2nd March 2025**, a total of **1,149 suspected cases including 28 deaths (CFR 2.4%)** have been reported from 25 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, **50% are males and 50 are females**
- Bayelsa (763 cases) accounts for 66% of all suspected cases in the country of the 25 States that have reported cases of cholera
- Southern Ijaw LGA (228 cases) in Bayelsa State accounts for 20% of all suspected cases reported in the country
- Other States; Rivers (107 cases), Abia (44), Delta (33), Niger (33), Akwa-Ibom (28 cases), Benue (28 cases), Katsina (21 cases), Bauchi (17 cases), Kogi (12), Kebbi (11 cases), Gombe (10 cases), Ekiti (8 cases), Imo (8 cases), Nasarawa (5), Osun (4 cases), Enugu (3 cases), Lagos (3 cases), Borno (3 cases), Ondo (2 cases), Oyo (2 cases), Sokoto (1 case), Yobe (1 case), Taraba (1 case) and Adamawa (1 case) account for 34% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year have increased by 2% compared to what was reported as at Epi-week 9 in 2024. Likewise, cumulative deaths recorded have increased by 75% in 2025

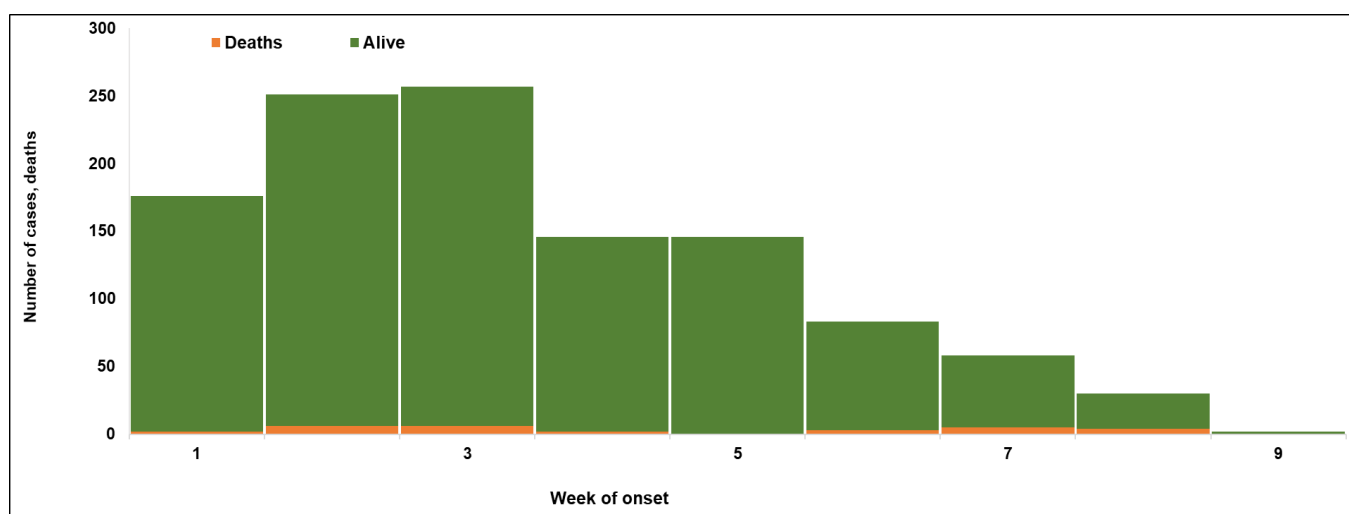


Figure 1: National Epidemic curve of weekly reported Cholera suspected cases, week 1 to week 9, 2025

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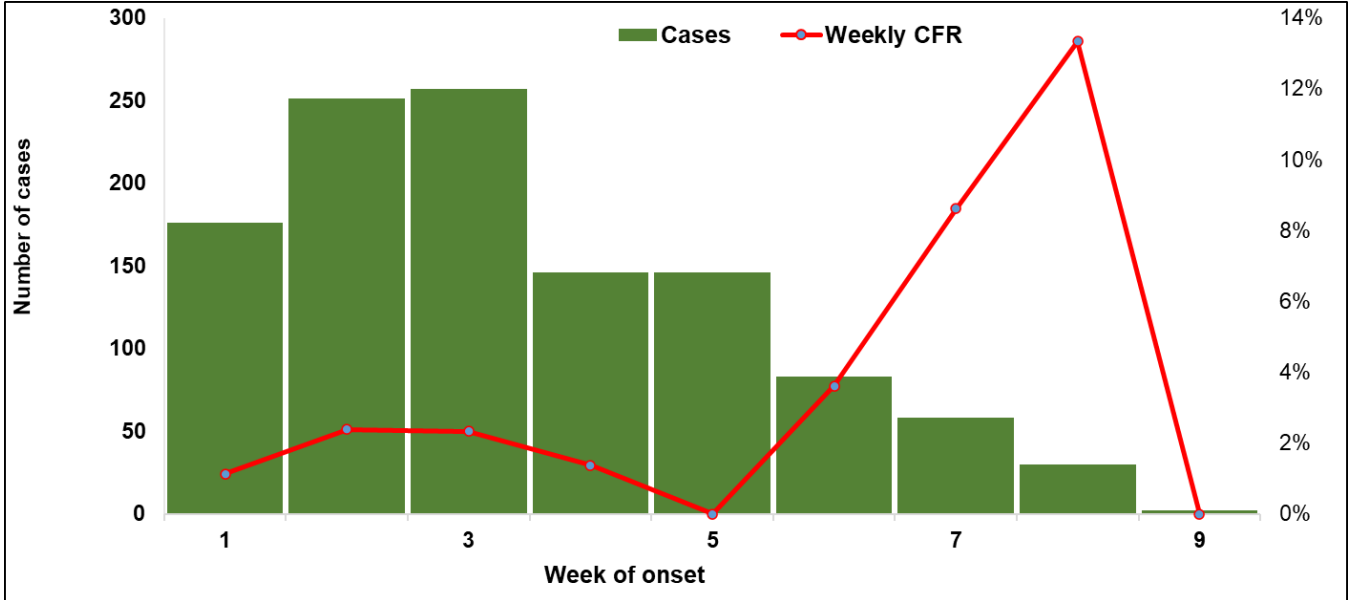


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 – 9, 2025, Nigeria

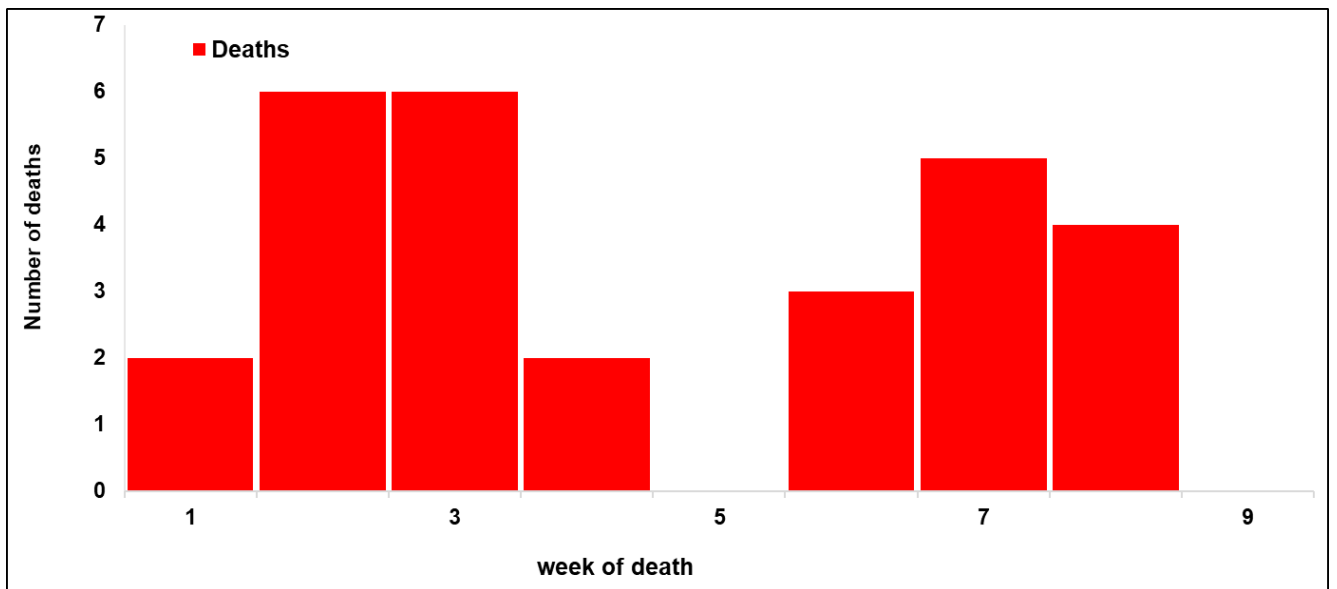


Figure 3: Trends in deaths, Epi weeks 1 - 9, 2025, Nigeria

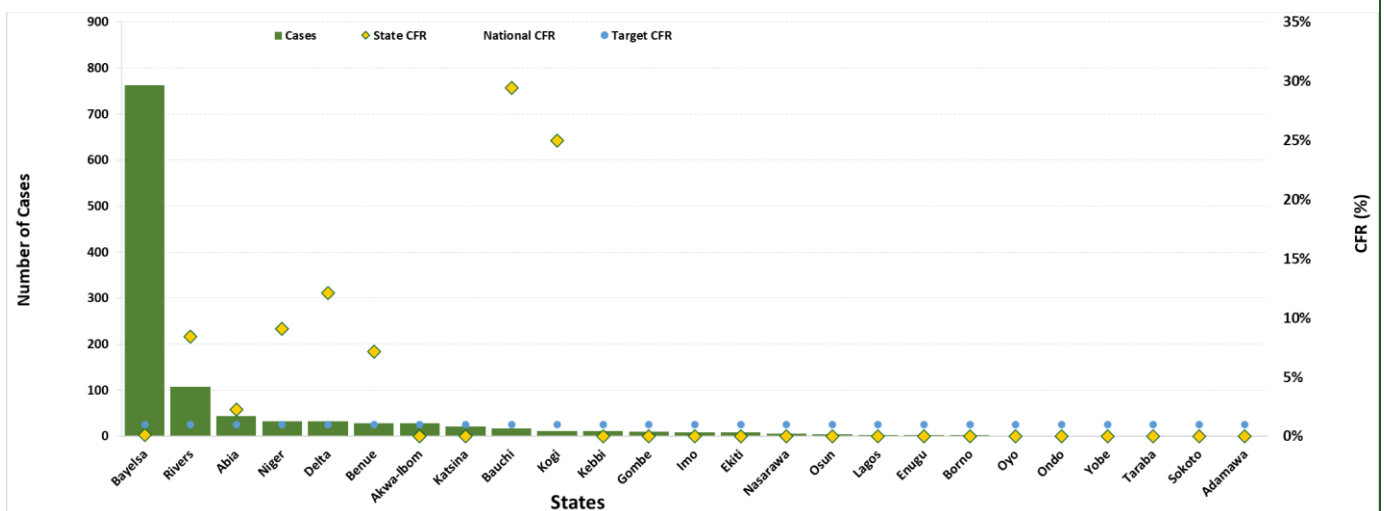


Figure 4: States' Cholera suspected cases by Case fatality ratio (CFR) Epi-weeks 1 - 9, 2025

Table 5: Top 9 States in cumulative suspected cases

No	State	Suspected cases	Percent of cumulative cases	Cumulative % of total cases
1	Bayelsa	763	66%	66%
2	Rivers	107	9%	76%
3	Abia	44	4%	80%
4	Niger	33	3%	82%
5	Delta	33	3%	85%
6	Benue	28	2%	88%
7	Akwa-Ibom	28	2%	90%
8	Katsina	21	2%	92%
9	Bauchi	17	1%	93%
Total		1074	93%	

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

No	LGA	State	Suspected cases	% of cumulative cases	Cumulative %
1	Southern Ijaw	Bayelsa	228	20%	20%
2	Nembe	Bayelsa	208	18%	38%
3	Ekeremor	Bayelsa	88	8%	46%
4	Ogbia	Bayelsa	67	6%	51%
5	Andoni	Rivers	60	5%	57%
6	Yenegoa	Bayelsa	57	5%	62%
7	Brass	Bayelsa	51	4%	66%
8	Akuku Toru	Rivers	47	4%	70%
9	Sagbama	Bayelsa	44	4%	74%
10	Umuahia North	Abia	30	3%	77%
11	Borgu	Niger	28	2%	79%
12	Makurdi	Benue	26	2%	81%
13	Kolokuma/Opokuma	Bayelsa	20	2%	83%
14	Patani	Delta	19	2%	85%
Total			973	85%	

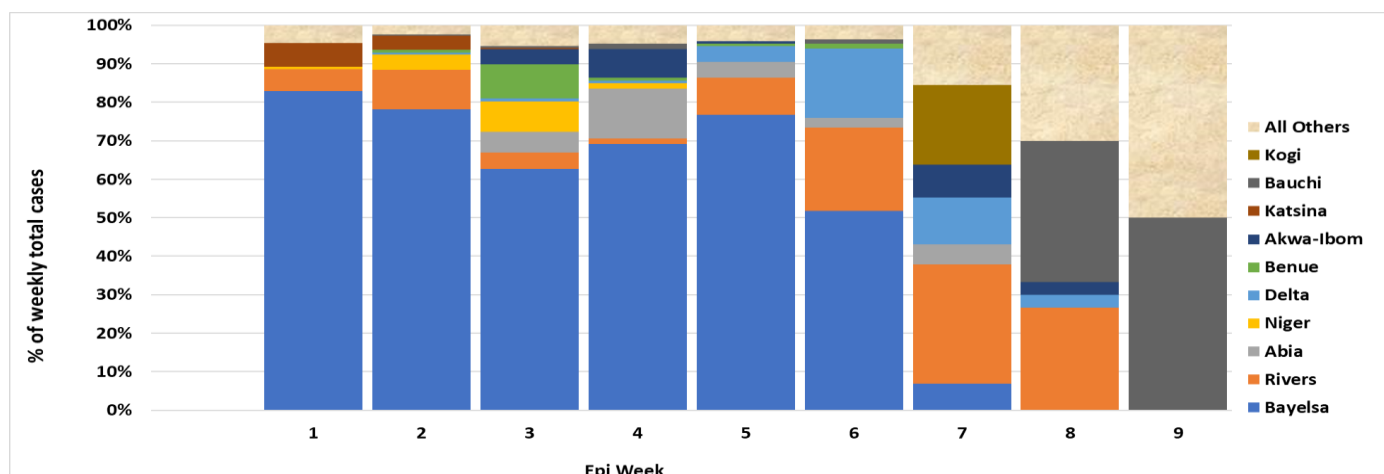


Figure 5: Proportion contribution of suspected cases by states in the recent 10 epidemiologic week

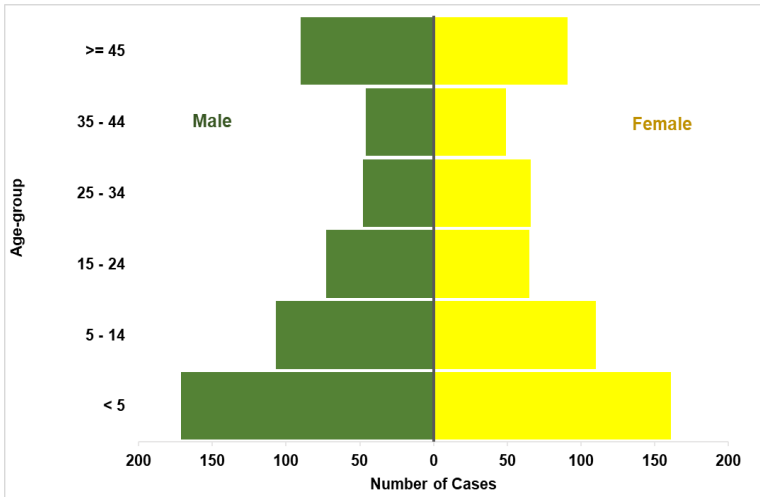


Figure 6. Age-Sex Pyramid for cumulative Cholera Cases, week 1-9, 2025: N=1141

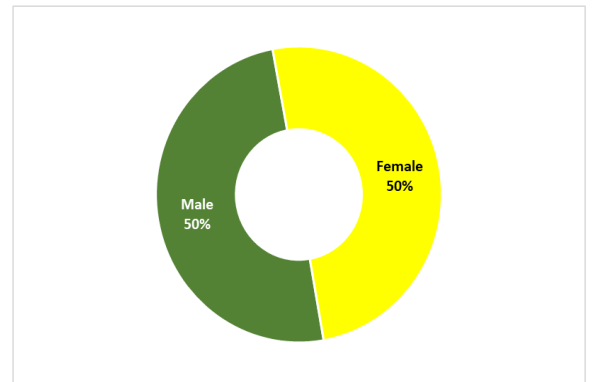


Figure 7. Sex disaggregation for cumulative Cholera cases, week 1-9, 2025: N=1142

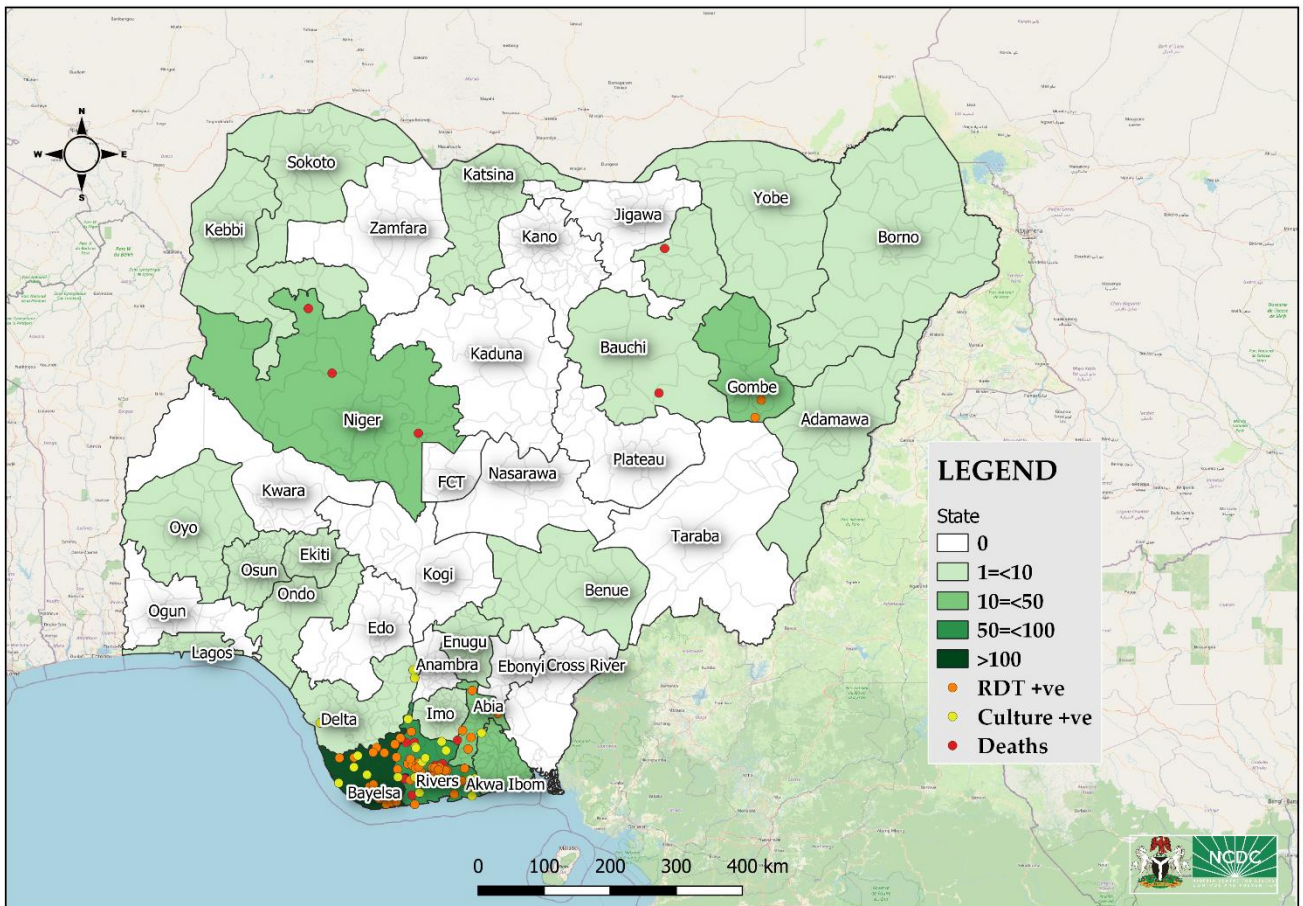


Fig. 8: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 9, 2025

Table 7. Summary table for Weekly & Cumulative number of suspected Cholera Cases, for 2025

States	Reporting cases in 2025	State outbreak status*	Current week: (Week 9)					Cumulative (Week 1 - 9)					
			Cases		Deaths		Tests		Cases	Deaths	CFR	Tests	
			Cases	% change	Deaths	% change	RDT (%Pos)	Culture (%pos)				RDT (%Pos)	Culture (%pos)
1 Abia	Active						44	1	2.3%	31 (16%)	1 (0%)		
2 Adamawa							1	-	0.0%				
3 Akwa-Ibom	Active		▼ 100%				28	-	0.0%		18 (6%)		
4 Bauchi	Active		1 ▼ 91%		▼ 100%		17	5	29.4%		1 (0%)		
5 Bayelsa	Active						763	1	0.1%	32 (44%)	9 (56%)		
6 Benue							28	2	7.1%	2 (0%)	3 (0%)		
7 Borno	Active		▼ 100%				3	-	0.0%				
8 Delta	Active		▼ 100%				33	4	12.1%		9 (44%)		
9 Ekiti							8	-	0.0%	2 (0%)			
10 Enugu							3	-	0.0%	1 (0%)			
11 Gombe							10	-	0.0%	5 (40%)			
12 Imo	Active		▼ 100%				8	-	0.0%	2 (0%)	2 (0%)		
13 Katsina							21	-	0.0%				
14 Kebbi	Active						11	-	0.0%	1 (0%)			
15 Kogi	Active						12	3	25.0%	12 (17%)	12 (17%)		
16 Lagos	Active		▼ 100%				3	-	0.0%		1 (0%)		
17 Nasarawa	Active		▼ 100%				5	-	0.0%		4 (25%)		
18 Niger							33	3	9.1%				
19 Ondo							2	-	0.0%	1 (0%)	1 (0%)		
20 Osun	Active		1 ▲ 100%			1 (0%)	4	-	0.0%	1 (0%)	2 (0%)		
21 Oyo							2	-	0.0%	1 (0%)			
22 Rivers	Active		▼ 100%		▼ 100%		107	9	8.4%	24 (96%)	22 (64%)		
23 Sokoto							1	-	0.0%		1 (0%)		
24 Taraba	Active						1	-	0.0%		1 (100%)		
25 Yobe							1	-	0.0%				
National	14		2 ▼ 93%		0 ▼ 100%	1 (0%)	1,149	28	2.4%	115 (40%)	87 (32%)		

*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
Coordination	<ul style="list-style-type: none"> 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 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 Launch 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 cholera surveillance evaluation across states

	<ul style="list-style-type: none"> • Surveillance Data validation and harmonization 	
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 • Case management data validation and harmonization across treatment centers • Deployment of Facility Assessment tools to treatment centers on case management and IPC. • On the Job support to treatment facilities on case management data entry, validation and reporting 	<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 • Identification of laboratories for possible optimization for cholera diagnosis • Training of laboratory staff on sample collection, diagnosis and reporting 	<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 	<ul style="list-style-type: none"> • Continue airing of cholera jingles and

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	<ul style="list-style-type: none">• 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• Advocacy visits to the community and traditional leaders for Cholera prevention and treatment sensitization	<p>distribution of IEC materials</p> <ul style="list-style-type: none">• Continue media engagement meetings and training of journalist, other media professionals• Continued follow-up with states for update on risk communication• Continue sensitization of community and traditional leaders
State Response	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)
- Inadequate trained personnel in states for case management
- Late / non reporting of suspected cases from communities, health care facilities and LGAs.
- Insufficient active case search in the communities
- No IEC materials at community level
- Inability to download large datasets from SORMAS
- Poor reporting format from states that report consistently

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
- Continuing 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
- Continuing 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.

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 2nd MARCH 2025