



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 12

Epidemiological week 29: (15 July 2024 – 21 July 2024)

Key Points

Table 1: Current Epi-summary for week 29, 2024

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
170	3	1.8%	3	23

Table 2: Cumulative suspected cases (Epi week 1 - 29, 2024)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
4809	156	3.2%	35	192

Table 3: Summary of monthly reported suspected cases (Epi week 1 - 29, 2024)

Months	Epi-Weeks	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	322	3	0.9%	14	31
February	5 - 8	329	9	2.7%	21	38
March	9 - 12	314	4	1.3%	19	43
April	13 - 17	158	5	3.2%	15	34
May	18 - 22	127	2	1.6%	20	40
June	23 - 26	2415	95	3.9%	28	99
July	27-29	1144	36	3.1%	23	70

Week			
1 - 29			
Summary	2023	2024	% Change
Suspected Cases	2,740	4,089	76%
Deaths	83	156	88%
CFR	3.0%	3.2%	7%

Table 4: Comparison of cumulative suspected cases as at week 29 2023 and 2024

Week 29 Highlight

- 170 new suspected cases were reported, 3 deaths with CFR = 1.8%
- 3 States Lagos (162), Kogi (5) and Zamfara (3) reported cases of Cholera within the Epidemiological week

In the reporting month,

- States have reported 1144 suspected cases of Cholera, Lagos (1011), Katsina (37), Zamfara (19), Rivers (17), Kogi (11), Ebonyi (8), Yobe (5), Ogun (4), Bauchi (4), Bayelsa (3), Benue (3), Kano (3), Anambra (3), Imo (2), Abia (2), Oyo (2), Niger (2), Taraba (2), FCT (2) with Ekiti, Ondo, Gombe and Osun each reporting one case (1)
- 36 Deaths were recorded with CFR = 3.1%
- 27 Rapid Diagnostic Tests (RDT) were conducted with 14 positive results
- 20 stool culture tests were conducted and with 4 positive results
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary for 2024

- As of **21st July 2024**, a total of **4,809 suspected cases including 156 deaths (CFR 3.2%)** have been reported from 35 states
- Of the suspected cases since the beginning of the year, age groups **<5 years** are mostly affected, followed by the age groups **25 - 34 years** in aggregate of both males and females
- Of all suspected cases, **53% are males and 47 are females**
- Lagos (3,126 cases) accounts for 65% of all suspected cases in the country of the 35 States that have reported cases of cholera
- Lagos Island LGA (496 cases) in Lagos State accounts for 10% of all suspected cases reported in the country
- Other States; Bayelsa (481 cases), Katsina (266), Ebonyi (148), Abia (121 cases), Zamfara (108 cases), Rivers (70 cases), Delta (64 cases), Bauchi (56 cases), Cross River (43 cases), Ogun (43), Imo (36), Ondo (27 cases), Benue (23), Kano (21 cases), Nasarawa (20), Osun (18), FCT (17 cases), Kogi(16), Oyo (15), Niger (15), Ekiti(13), and Akwa Ibom (10) account for 33.9% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year have increased by 76% compared to what was reported as at Epi-week 28 in 2023. Likewise, cumulative deaths recorded have increased by 88% in 2024

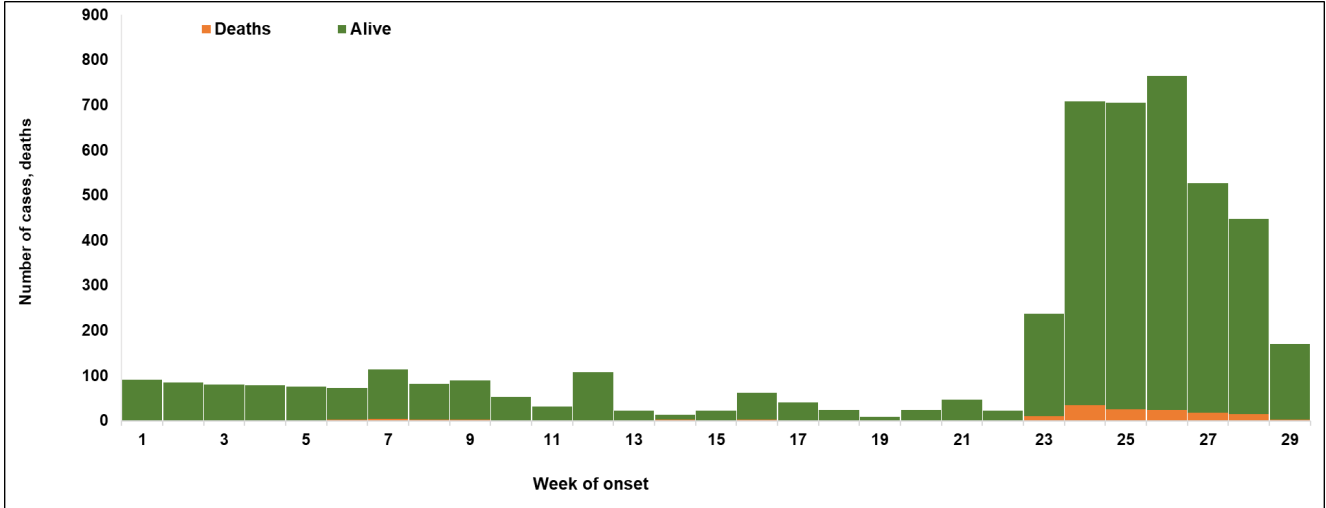


Figure 1: National Epidemic curve of weekly reported Cholera suspected cases, week 1 to week 29, 2024

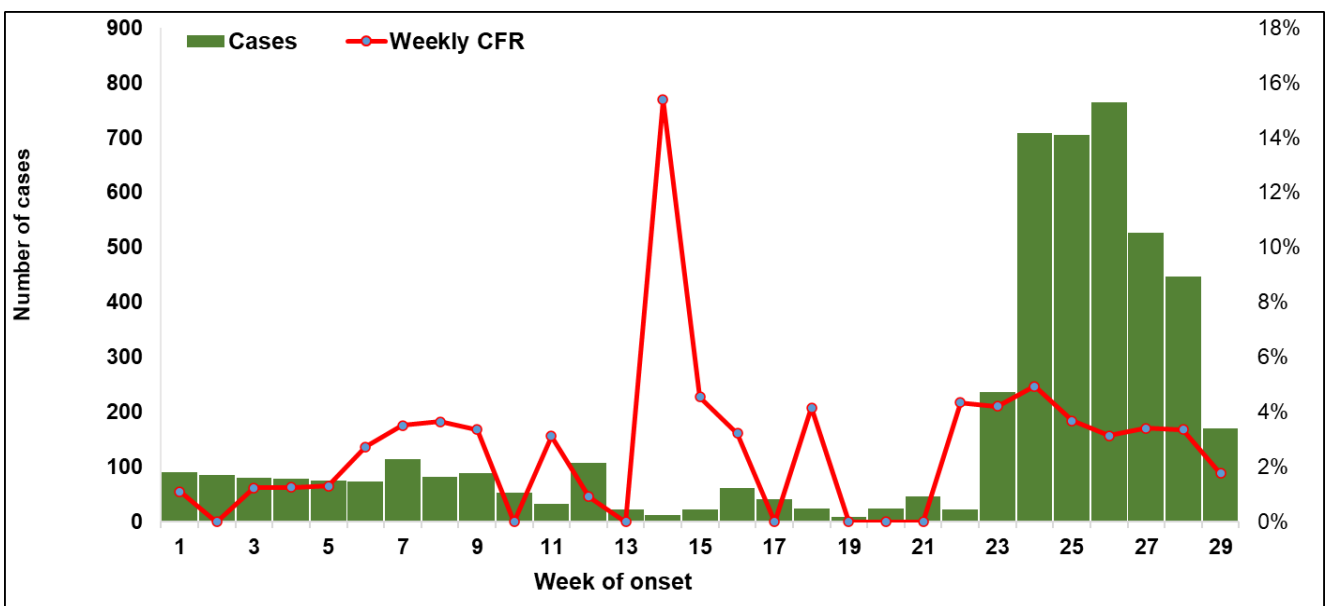


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 – 29, 2024, Nigeria

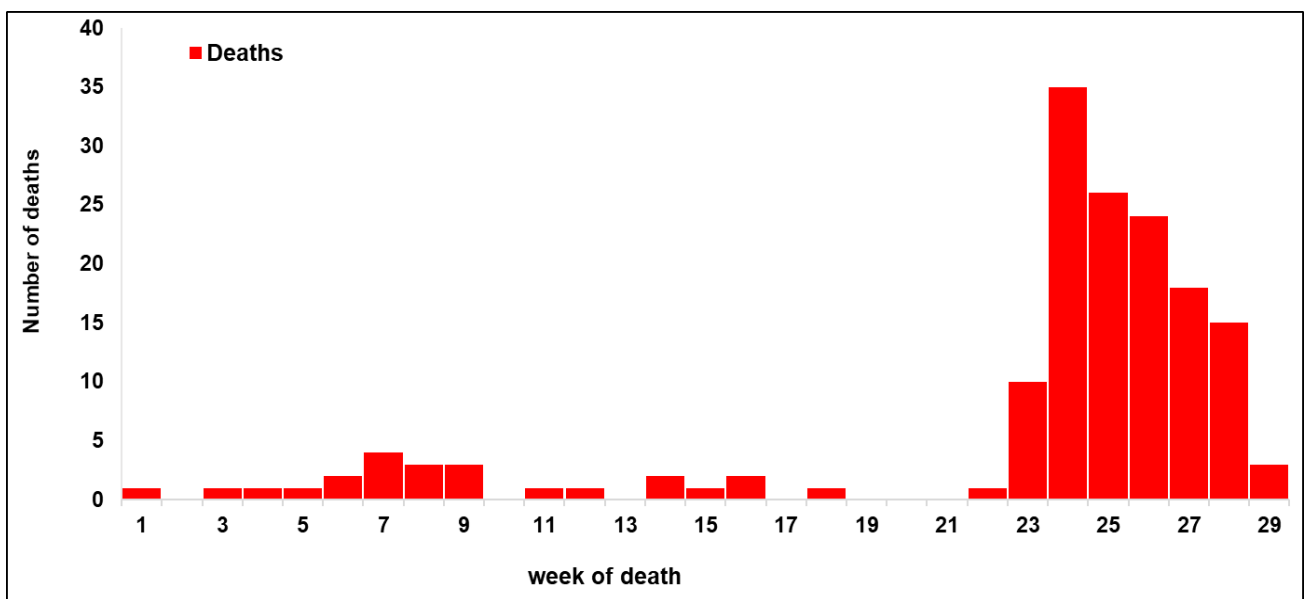


Figure 3: Trends in deaths, Epi weeks 1 - 29, 2024, Nigeria

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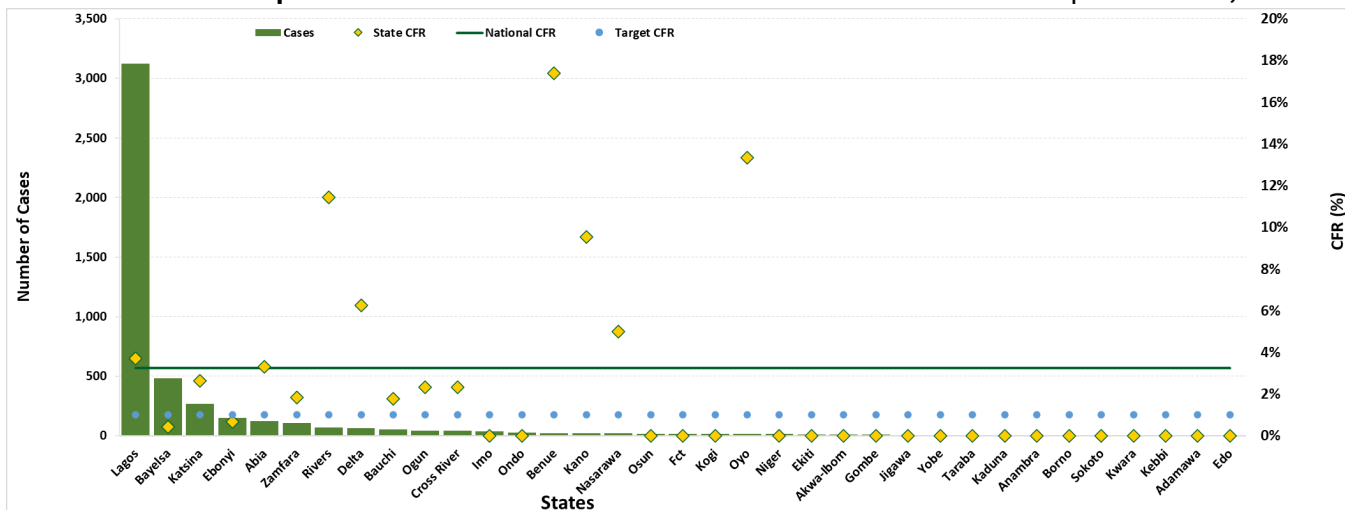


Figure 4: States' Cholera suspected cases by Case fatality ratio (CFR) Epi-weeks 1 - 29, 2024

Table 5: Top 9 States in cumulative suspected cases

No	State	Suspected cases	Percent of cumulative cases	Cumulative % of total cases
1	Lagos	3,126	65%	65%
2	Bayelsa	481	10%	75%
3	Katsina	266	6%	81%
4	Ebonyi	148	3%	84%
5	Abia	121	3%	86%
6	Zamfara	108	2%	88%
7	Rivers	70	1%	90%
8	Delta	64	1%	92%
9	Bauchi	56	1%	94%
Total		4504	94%	

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	496	10%	10%
2	Lagos Mainland	Lagos	465	10%	20%
3	Eti-Osa	Lagos	334	7%	27%
4	Ajeromi/Ifelodun	Lagos	240	5%	32%
5	Kosofe	Lagos	184	4%	36%
6	Southern Ijaw	Bayelsa	165	3%	39%
7	Alimosho	Lagos	154	3%	42%
8	Surulere	Lagos	152	3%	49%
9	Ikorodu	Lagos	136	3%	52%
10	Apapa	Lagos	136	3%	54%
11	Epe	Lagos	134	3%	57%
12	Mushin	Lagos	103	2%	59%
13	Ojo	Lagos	98	2%	61%
14	Oshodi/Isolo	Lagos	92	2%	63%
Total			3041	63%	

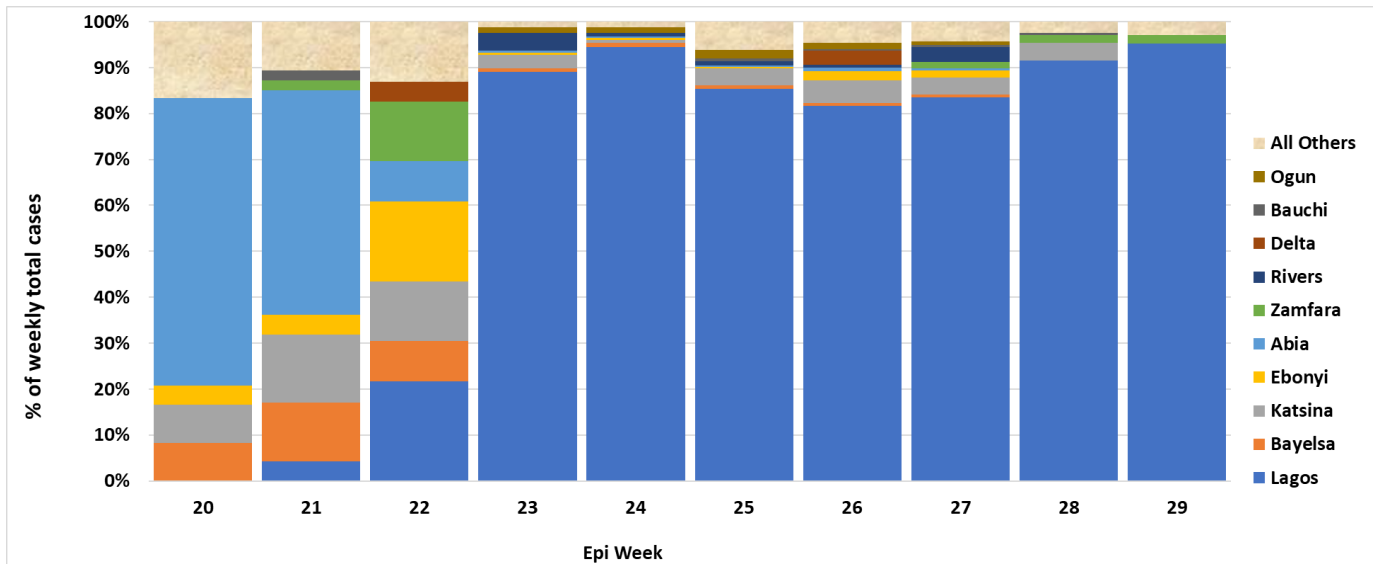


Figure 5: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

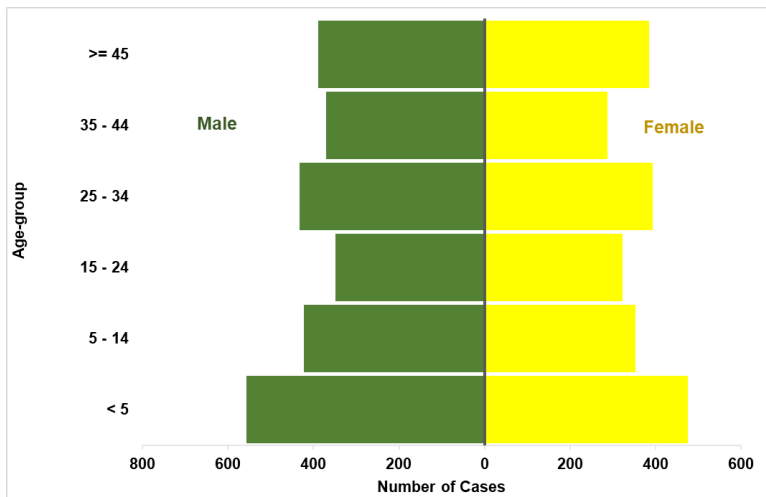


Figure 6. Age-Sex Pyramid for cumulative Cholera Cases, week 1-29,2024: N=4,773

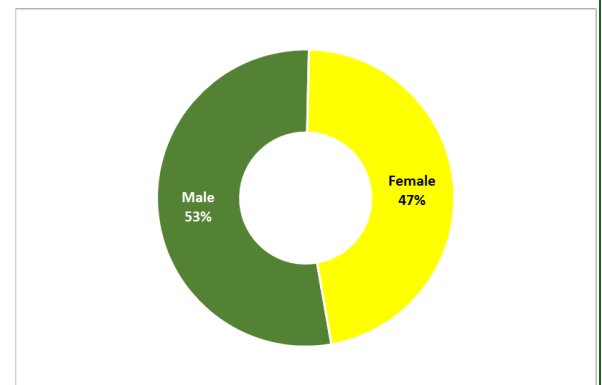


Figure 7. Sex disaggregation for cumulative Cholera cases, week 1-29, 2024: N=4,804

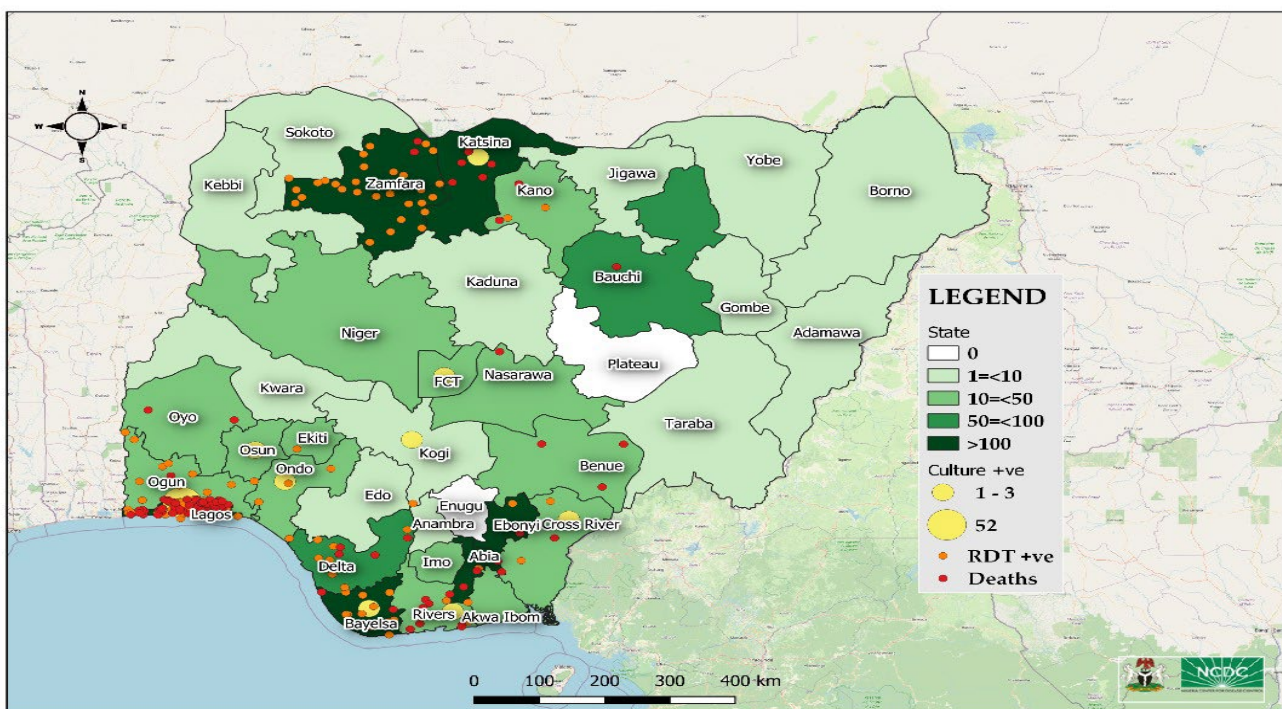


Fig. 8: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 29, 2024

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 29)					Cumulative (Week 1 - 29)					
				Cases		Deaths		Tests		Cases	Deaths	CFR	Tests	
				Cases	% change	Deaths	% change	RDT (%Pos)	Culture (%pos)				RDT (%Pos)	Culture (%pos)
1	Abia		Active							121	4	3.3%	35 (9%)	6 (0%)
2	Adamawa									2	-	0.0%		2 (0%)
3	Akwa-Ibom									10	-	0.0%		10 (0%)
4	Anambra		Active	▼ 100%						4	-	0.0%	3 (0%)	1 (0%)
5	Bauchi		Active	▼ 100%						56	1	1.8%		
6	Bayelsa		Active							481	2	0.4%	39 (28%)	20 (5%)
7	Benue		Active							23	4	17.4%	4 (0%)	1 (0%)
8	Borno									3	-	0.0%	1 (0%)	
9	Cross River									43	1	2.3%	25 (8%)	2 (50%)
10	Delta									64	4	6.3%	25 (28%)	
11	Ebonyi		Active							148	1	0.7%	12 (8%)	
12	Edo									1	-	0.0%		
13	Ekiti		Active							13	-	0.0%	3 (33%)	2 (0%)
14	Fct		Active	▼ 100%						17	-	0.0%		4 (25%)
15	Gombe		Active							9	-	0.0%		8 (0%)
16	Imo		Active	▼ 100%						36	-	0.0%	10 (0%)	7 (0%)
17	Jigawa									8	-	0.0%		5 (0%)
18	Kaduna									5	-	0.0%	3 (0%)	
19	Kano		Active	▼ 100%						21	2	9.5%	7 (29%)	
20	Katsina		Active	▼ 100%		▼ 100%				266	7	2.6%	59 (5%)	45 (4%)
21	Kebbi									2	-	0.0%		
22	Kogi		Active	5	▲ 150%			5 (0%)	5 (0%)	16	-	0.0%	16 (6%)	16 (31%)
23	Kwara									2	-	0.0%		1 (0%)
24	Lagos		Active	162	▼ 60%	3	▼ 77%	155 (9%)	141 (3%)	3,126	116	3.7%	1999 (6%)	1325 (5%)
25	Nasarawa									20	1	5.0%	1 (0%)	2 (0%)
26	Niger		Active							15	-	0.0%	3 (0%)	2 (0%)
27	Ogun		Active							43	1	2.3%	23 (57%)	6 (0%)
28	Ondo		Active							27	-	0.0%	16 (19%)	8 (13%)
29	Osun		Active							18	-	0.0%	7 (0%)	10 (10%)
30	Oyo		Active							15	2	13.3%	7 (0%)	6 (0%)
31	Rivers		Active							70	8	11.4%	2 (50%)	4 (50%)
32	Sokoto									2	-	0.0%		
33	Taraba		Active	▼ 100%						7	-	0.0%	1 (0%)	3 (0%)
34	Yobe		Active							7	-	0.0%	4 (0%)	2 (0%)
35	Zamfara		Active	3	▼ 63%		▼ 100%			108	2	1.9%	40 (55%)	
	National	23		170	▼ 62%	3	▼ 80%	160 (9%)	146 (3%)	4,809	156	3.2%	2345 (8%)	1498 (5%)

*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 (FMEvrt), National Primary Health Care Development Agency (NPHCDA) and Development Partners EOC Activated NRRT Deployed to six states (Abia, Bayelsa, Ebonyi, Katsina, Lagos and Zamfara) 	<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) 	<ul style="list-style-type: none"> Continue data collation and harmonisation Ongoing cholera surveillance

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	<ul style="list-style-type: none"> • Providing offsite/onsite support to states and follow up for daily reporting and progress with response activities • Surveillance Data validation and harmonisation • Supporting active case search in hotspot LGAs and linking cases to treatment centres 	<p>evaluation across states</p>
<p>Case Management & IPC</p>	<ul style="list-style-type: none"> • Provided technical support and response commodities to affected states • Finalization workshop held on cholera case management guidelines, treatment protocol and SOP harmonisation • Case management data validation and harmonisation across treatment centres • Deployment of Facility Assessment tool to treatment centres 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
<p>Laboratory</p>	<ul style="list-style-type: none"> • Collected 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
<p>WASH</p>	<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
<p>Logistics</p>	<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
<p>Vaccination (led by NPHCDA)</p>	<ul style="list-style-type: none"> • Epidemiological trends are being monitored to guide ICG requests for planned vaccination campaigns 	<ul style="list-style-type: none"> • Continue monitoring epidemiological trends to guide ICG

		requests 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 Advocacy visits to the community and traditional leaders for Cholera prevention and treatment sensitisation 	<ul style="list-style-type: none"> Continue airing of cholera jingles and distribution of IEC materials Continue media engagement meetings and training of journalists, other media professionals Continued follow-up with states for updates on risk communication Continue sensitisation 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 practices 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
- Late / non-reporting of suspected cases from communities, healthcare facilities and LGAs.
- Insufficient active case search in the communities
- No IEC materials in some general hospitals
- Inadequate consumables and supplies for case management
- Inadequate logistics for active case search
- Inadequate WASH infrastructure and supplies including wastewater management facilities
- Inadequate SBCC materials
- 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.
- Poor Utilization of RDTs distributed to facilities & surveillance officers.
- Shortage of laboratory consumables for vibrio culture as well as other AWD-causing enterobacteriaceae.

Next Steps

- Continue training on cholera surveillance, and 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 for 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 centre
- Discuss and collaborate with partners in the production of IEC materials
- Conduct Healthcare workers' training on IPC in prioritised 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 ≥ 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 13 - 17 (20) was added*
- *A backlog of suspected cases for epi week 18 - 22 (5) was added*
- *A backlog of suspected cases (521) and deaths (30) for epi week 23 - 26 were added*

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 21st JULY 2024