



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 18

Epidemiological week 35: (26 August 2024 – 01 September 2024)

Key Points

Table 1: Current Epi-summary for week 35, 2024

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
62	1	1.6%	6	15

Table 2: Cumulative suspected cases (Epi week 1 - 34, 2024)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
7056	204	2.9%	36	271

Months	Epi-Weeks	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	336	3	0.9%	15	36
February	5 - 8	360	10	2.8%	21	45
March	9 - 12	314	5	1.6%	19	43
April	13 - 17	180	5	2.8%	17	40
May	18 - 22	142	2	1.4%	22	47
June	23 - 26	2511	99	3.9%	30	126
July	27 - 30	2016	51	2.5%	34	164
August	31 - 35	1197	29	2.4%	22	84

Table 3: Summary of monthly reported suspected cases (Epi week 1 - 35, 2024)

	Week		
	1 -- 35		
Summary	2023	2024	% Change
Suspected Cases	3,096	7,056	128%
Deaths	99	204	106%
CFR	3.2%	2.9%	-10%

Table 4: Comparison of cumulative suspected cases as at week 35, 2023 and 2024

Week 35 Highlight

- 62 new suspected cases were reported, 1 death with CFR = 1.6%
- 6 States Katsina (41), Lagos (13), Kano (4), Kaduna (2) with Niger and Gombe each reporting one (1) case of Cholera within the Epidemiological week

In the reporting month,

- States have reported 1197 suspected cases of Cholera, Lagos (745), Katsina (102), Jigawa (78), Rivers (58), Kano (43), Zamfara (32), Kaduna (23), Yobe (18), Ebonyi (17), Edo (15), Bayelsa (14), Ogun (13), Kwara (10), Akwa-Ibom (8), Bauchi (5), Ondo (5), Imo (2), Adamawa (2), Abia (2), Gombe (2), Osun (2) and Niger (1)
- 29 Deaths was recorded with CFR = 2.4%
- 229 Rapid Diagnostic Tests (RDT) were conducted with 69 positive results
- 90 stool culture test was conducted and with 28 positive results
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary for 2024

- As of 1st September 2024, a total of 7,056 suspected cases including 204 deaths (CFR 2.9%) 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 25 - 34 years in aggregate of both males and females
- Of all suspected cases, 53% are males and 47 are females
- Lagos (4,234 cases) accounts for 60% of all suspected cases in the country of the 36 States that have reported cases of cholera
- Lagos Island LGA (578 cases) in Lagos State accounts for 8% of all suspected cases reported in the country
- Other States; Bayelsa (513 cases), Katsina (419), Zamfara (210 cases), Ebonyi (198), Rivers (166 cases), Abia (159 cases), Jigawa (143 cases), Ogun (133 cases), Imo (88 cases), Delta (85 cases), Bauchi (84 cases), Kano (77 cases), Cross River (52 cases), Osun (49 cases), Yobe (48 cases), Sokoto (42 cases), Ondo (41 cases), Oyo (33 cases), Kaduna (32) Akwa Ibom (28 cases), Benue (23 cases), Nasarawa (23 cases), Kebbi (22 cases), Kogi (21 cases), Edo (20 cases), Fct (19 cases) Ekiti (18 cases), Niger (17 cases), Gombe (16 cases), Kwara (16) and Adamawa (10) account for 41.4% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year have increased by 128% compared to what was reported as at Epi-week 35 in 2023. Likewise, cumulative deaths recorded have increased by 106% in 2024

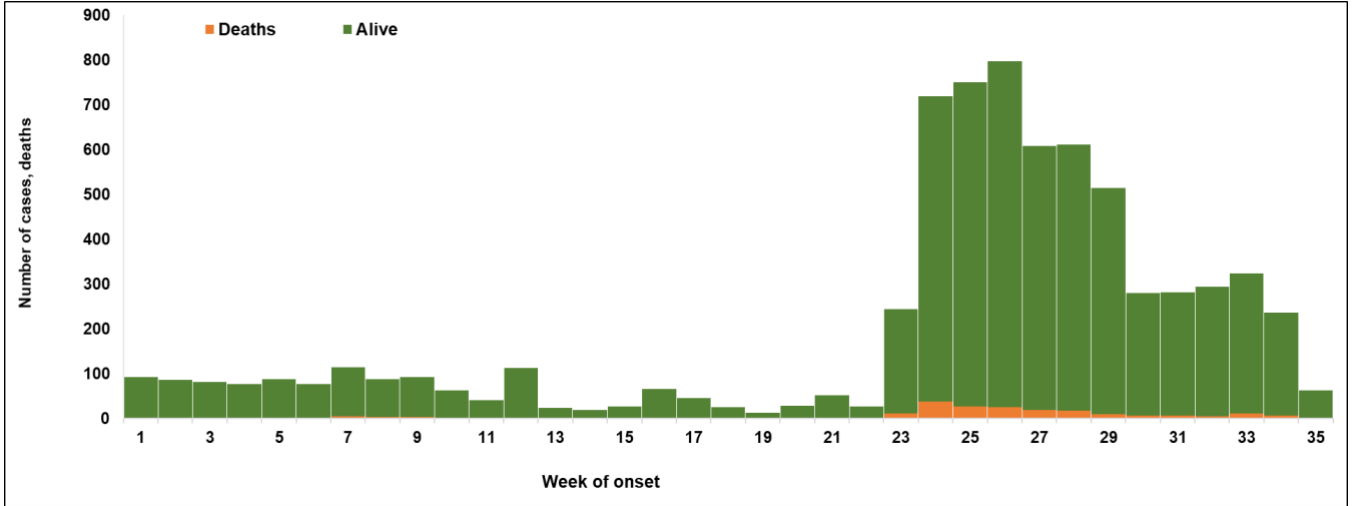


Figure 1: National epidemic curve of weekly reported Cholera suspected cases, week 1 to week 35, 2024

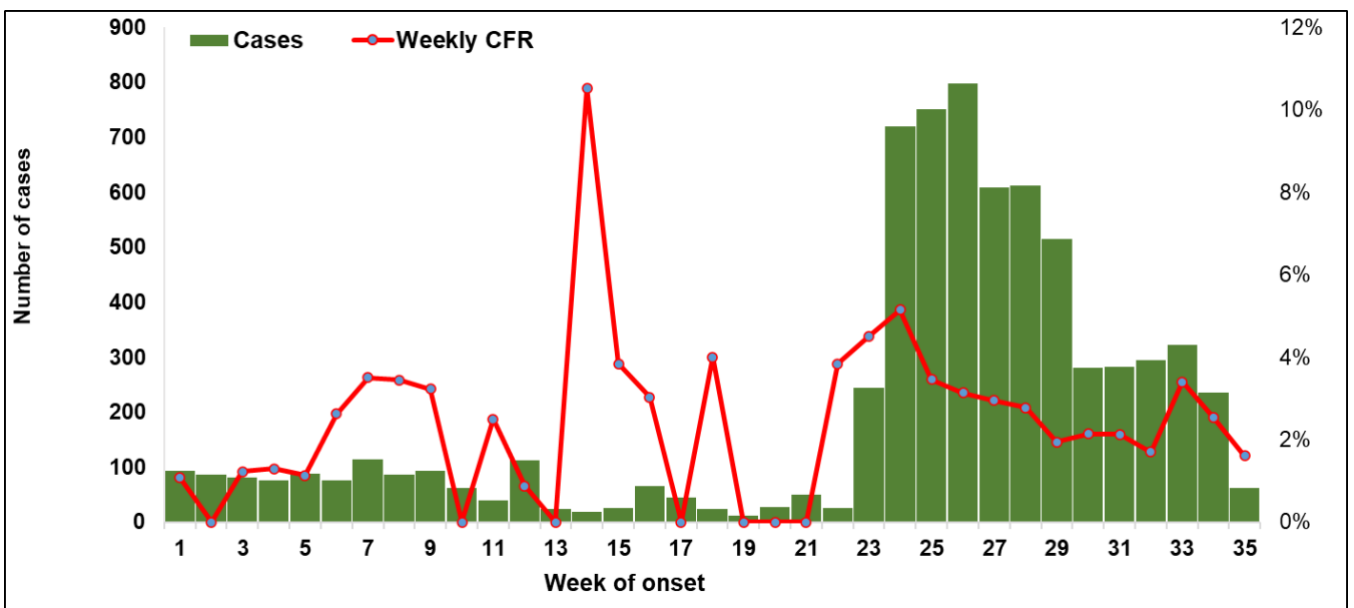


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 – 35, 2024, Nigeria

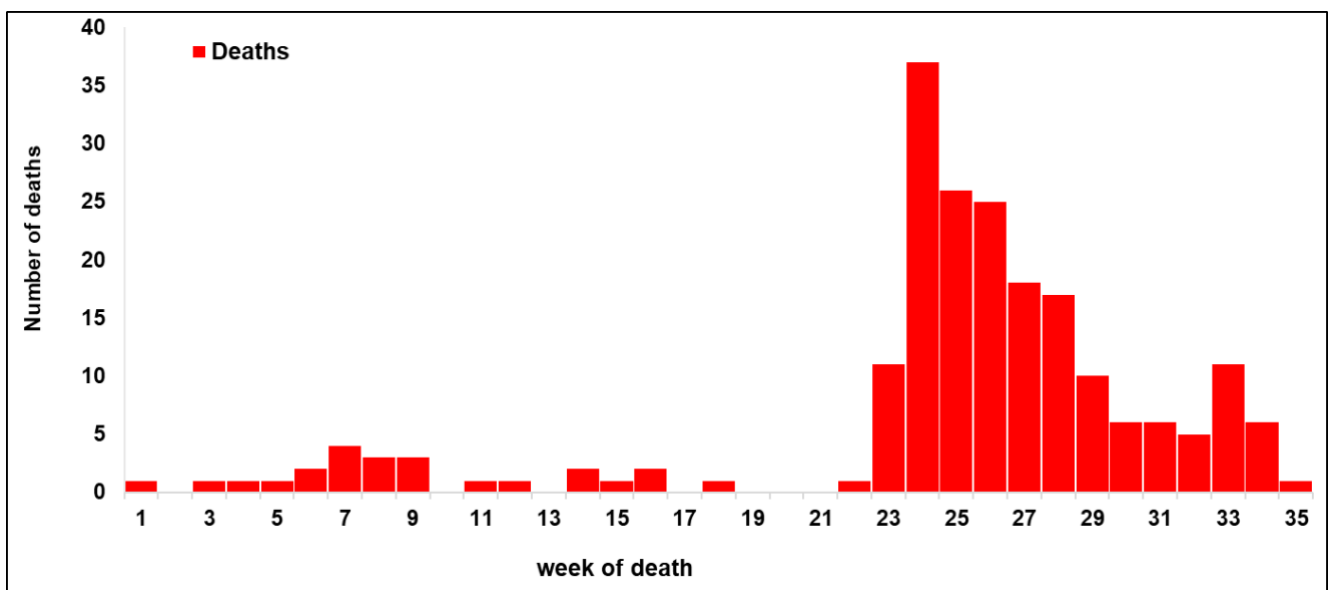


Figure 3: Trends in deaths, Epi weeks 1 - 35, 2024, Nigeria

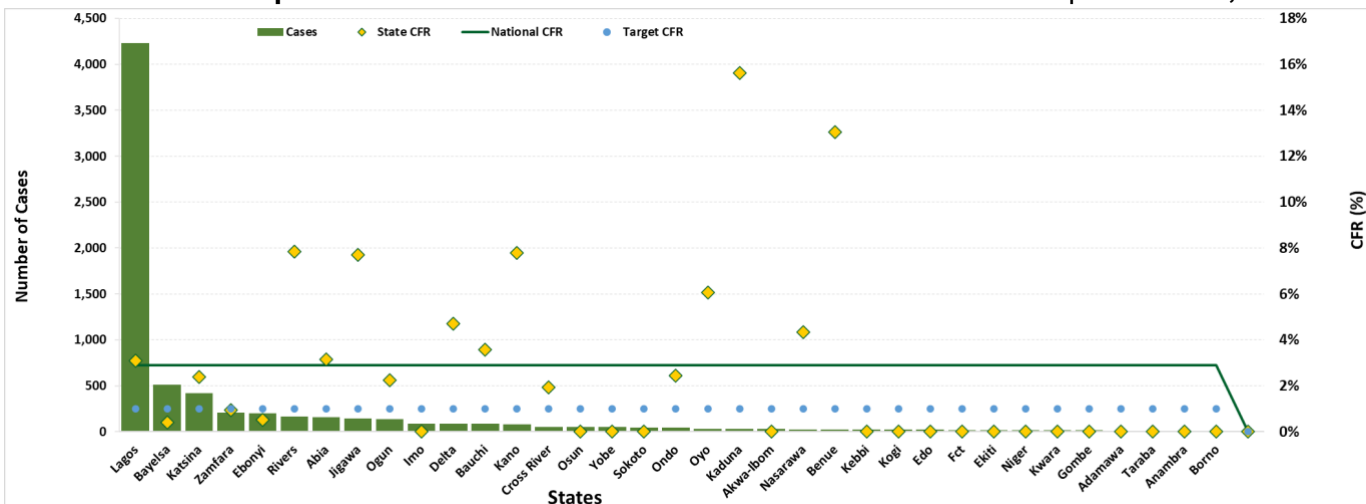


Figure 4: States' Cholera suspected cases by Case fatality ratio (CFR) Epi-weeks 1 - 35, 2024

Table 5: Top 9 States in cumulative suspected cases

No	State	Suspected cases	Percent of cumulative cases	Cumulative % of total cases
1	Lagos	4,234	60%	60%
2	Bayelsa	513	7%	67%
3	Katsina	419	6%	73%
4	Zamfara	210	3%	76%
5	Ebonyi	198	3%	79%
6	Rivers	166	2%	81%
7	Abia	159	2%	84%
8	Jigawa	143	2%	88%
9	Ogun	133	2%	90%
Total		6318	90%	

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	578	8%	8%
2	Lagos Mainland	Lagos	537	8%	16%
3	Eti-Osa	Lagos	523	7%	23%
4	Ajeromi/Ifelodun	Lagos	341	5%	28%
5	Alimosho	Lagos	317	4%	33%
6	Epe	Lagos	245	3%	36%
7	Surulere	Lagos	237	3%	39%
8	Kosofe	Lagos	197	3%	45%
9	Southern Ijaw	Bayelsa	172	2%	47%
10	Apapa	Lagos	169	2%	50%
11	Ikorodu	Lagos	157	2%	52%
12	Mushin	Lagos	144	2%	54%
13	Ojo	Lagos	126	2%	56%
14	Shomolu	Lagos	123	2%	58%
Total			4063	58%	

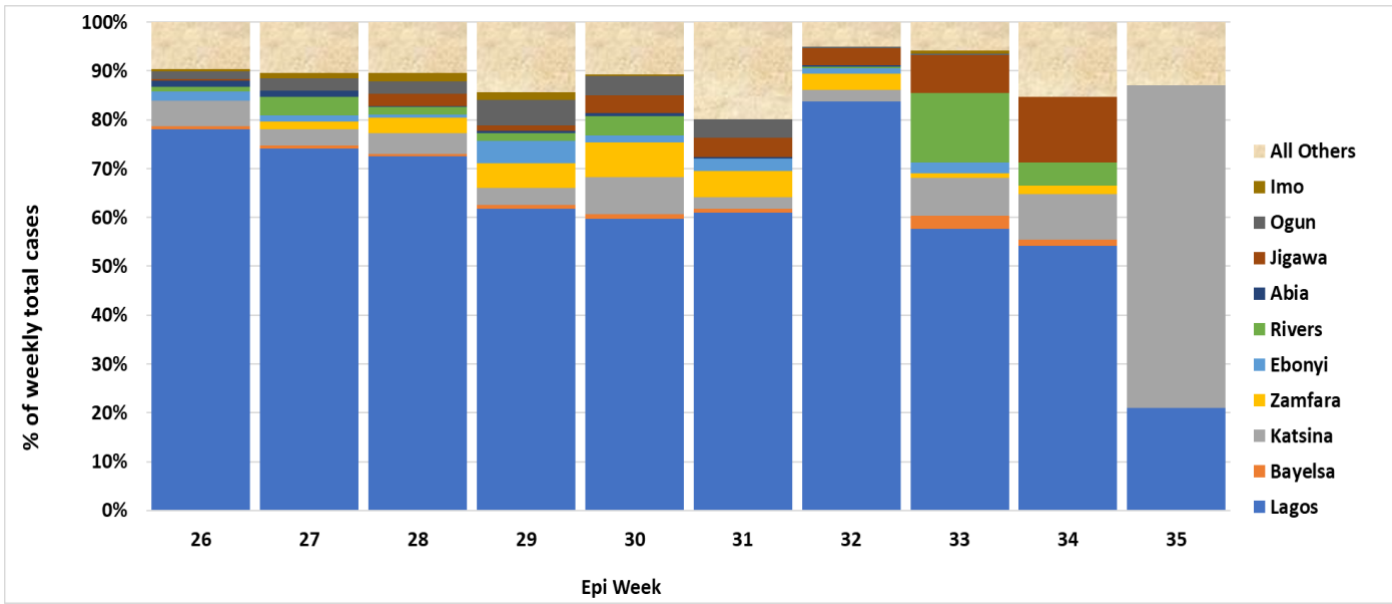


Figure 5: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

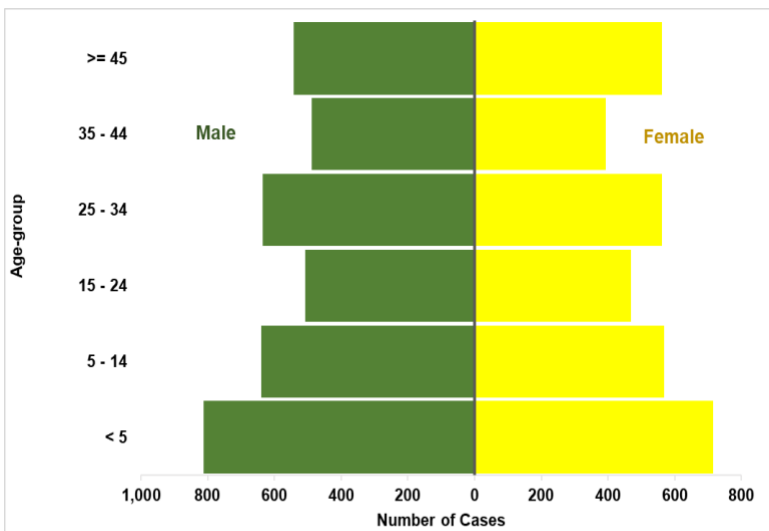


Figure 6. Age-Sex Pyramid for cumulative Cholera Cases, week 1-35, 2024: N=6,926

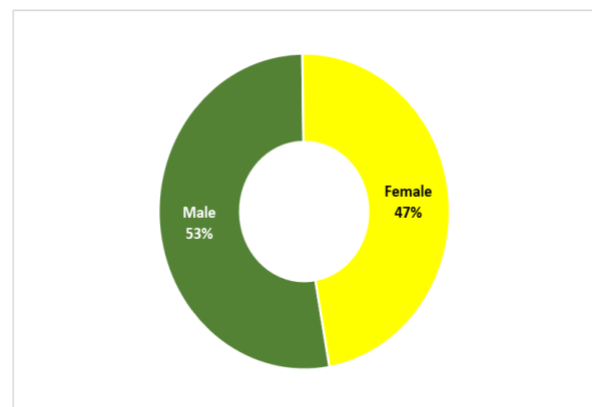


Figure 7. Sex disaggregation for cumulative Cholera cases, week 1-35, 2024: N=7,046

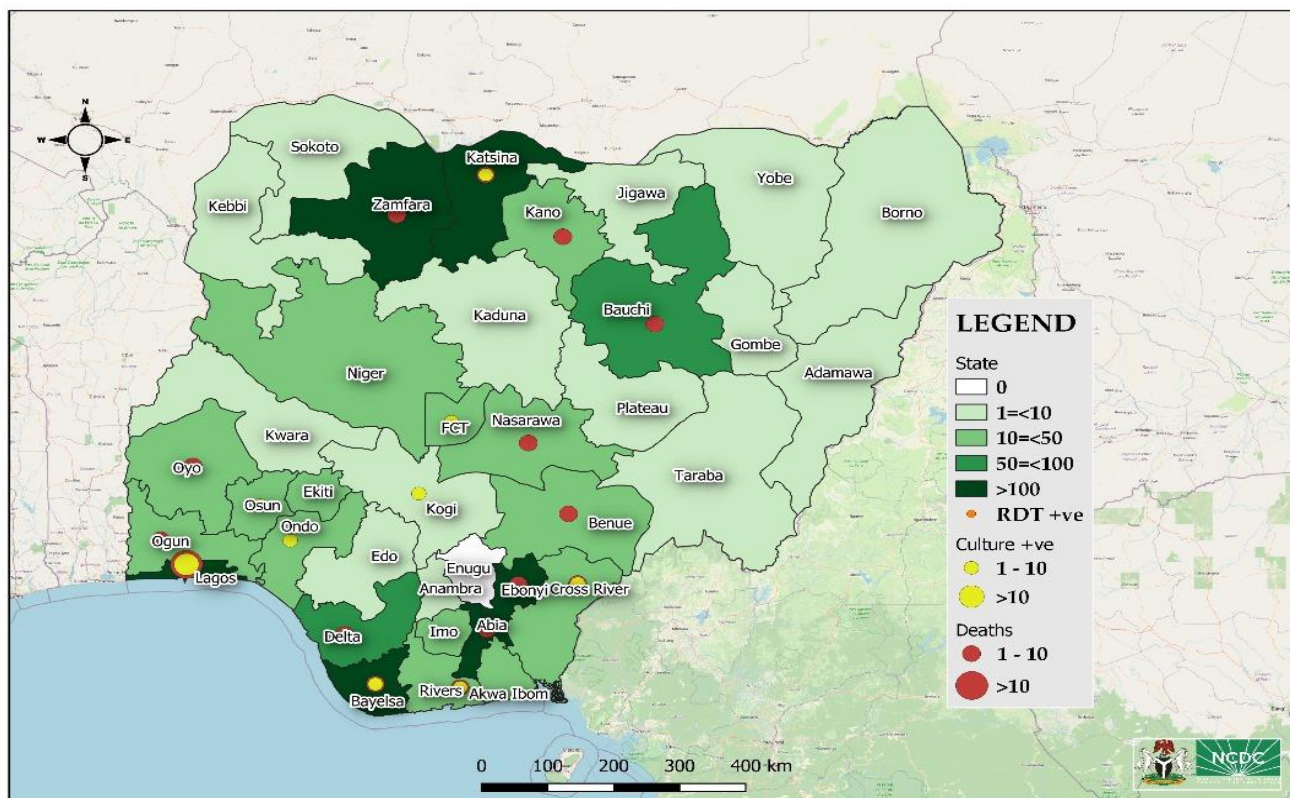


Fig. 8: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 35, 2024

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 35)					Cumulative (Week 1 - 35)					
			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						10	-	0.0%		9 (0%)		
3 Akwa-Ibom							28	-	0.0%	10 (0%)	28 (0%)		
4 Anambra							4	-	0.0%	3 (0%)	1 (0%)		
5 Bauchi	Active						84	3	3.6%	5 (0%)	9 (22%)		
6 Bayelsa	Active		▼ 100%				513	2	0.4%	51 (33%)	25 (4%)		
7 Benue							23	3	13.0%	5 (0%)	1 (0%)		
8 Borno							3	-	0.0%	1 (0%)			
9 Cross River							52	1	1.9%	28 (7%)	9 (11%)		
10 Delta							85	4	4.7%	26 (27%)			
11 Ebonyi	Active						198	1	0.5%	17 (12%)			
12 Edo	Active		▼ 100%				20	-	0.0%	15 (0%)	11 (55%)		
13 Ekiti							18	-	0.0%	5 (20%)	2 (0%)		
14 Fct							19	-	0.0%		4 (25%)		
15 Gombe	Active		1	▲ 100%			16	-	0.0%	4 (25%)	8 (0%)		
16 Imo	Active						88	-	0.0%	47 (2%)	9 (0%)		
17 Jigawa	Active		▼ 100%		▼ 100%		143	11	7.7%	5 (0%)	6 (17%)		
18 Kaduna	Active		2	▼ 71%	1	▲ 100%	32	5	15.6%	17 (6%)	8 (50%)		
19 Kano	Active		4	▲ 100%		1 (0%)	77	6	7.8%	16 (19%)			
20 Katsina	Active		41	▲ 86%		▼ 100%	419	10	2.4%	65 (5%)	50 (6%)		
21 Kebbi							22	-	0.0%	11 (0%)	4 (0%)		
22 Kogi							21	-	0.0%	21 (10%)	20 (40%)		
23 Kwara							16	-	0.0%	14 (0%)	2 (0%)		
24 Lagos	Active		13	▼ 90%		13 (15%)	4,234	131	3.1%	2699 (7%)	1790 (4%)		
25 Nasarawa							23	1	4.3%	2 (0%)	2 (0%)		
26 Niger	Active		1	▲ 100%			17	-	0.0%	3 (0%)	2 (0%)		
27 Ogun	Active						133	3	2.3%	25 (44%)	24 (8%)		
28 Ondo	Active						41	1	2.4%	25 (16%)	10 (30%)		
29 Osun	Active			▼ 100%			49	-	0.0%	8 (0%)	39 (5%)		
30 Oyo							33	2	6.1%	22 (0%)	4 (0%)		
31 Plateau							1	-	0.0%	1 (0%)			
32 Rivers	Active			▼ 100%			166	13	7.8%	26 (65%)	23 (57%)		
33 Sokoto							42	-	0.0%		6 (0%)		
34 Taraba							9	-	0.0%	1 (0%)	4 (0%)		
35 Yobe	Active			▼ 100%			48	-	0.0%	19 (0%)	8 (0%)		
36 Zamfara	Active			▼ 100%			210	2	1.0%	65 (60%)			
National	19		62	▼ 74%	1	▼ 83%	14 (14%)	13 (0%)	7,056	204	2.9%	3300 (9%)	2124 (6%)

*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 • Deployment of NRRT to 6 states 	<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 • Surveillance Data validation and harmonization • Supporting active case search in hotspot LGAs and linking cases to treatment centers 	<ul style="list-style-type: none"> • Continue data collation and harmonisation • Ongoing cholera 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 • Case management data validation and harmonization across treatment centers • Deployment of Facility Assessment tool 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 	<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

	<ul style="list-style-type: none"> • Training of laboratory staff on sample collection, diagnosis and reporting 	
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 • Advocacy visits to the community and traditional leaders for Cholera prevention and treatment sensitization 	<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 • 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

- Insufficient funding for implementation of cholera Incident action plan
- 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 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
- 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
- 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.
- Conduct Healthcare workers' training on IPC in prioritized health facilities
- Sensitization of identified hotspot communities on Cholera prevention
- Conduct 2024 cholera priority areas for multisectoral intervention (PAMI)/Hotspot mapping.

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 (1) was added*
- *A backlog of suspected cases for epi week 13 - 17 (1) was added*
- *A backlog of suspected cases for epi week 23 - 26 (2) were added*
- *A backlog of suspected cases for epi week 27 - 30 (38) were added*

