



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 9

Epidemiological week 26: (24 June 2024 - 30 June 2024)

Key Points

Table 1: Current Epi-summary for week 26, 2024

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
188	4	2.1%	3	19

Table 2: Cumulative suspected cases (Epi week 1 - 26, 2024)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
2102	63	3.0%	33	122

Table 3: Summary of monthly reported cases (Epi week 1 - 26, 2024)

Months	Epi-Weeks	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	301	3	1.0%	14	29
February	5 - 8	312	10	3.2%	21	36
March	9 - 12	224	4	1.8%	19	38
April	13 - 17	83	3	3.7%	11	23
May	18 - 22	88	2	2.3%	16	26
June	23 - 26	1094	41	3.7%	12	44

	Week 1	Week 26	
Summary	2023	2024	% Change
Suspected Cases	2,555	2,102	-18%
Deaths	70	63	-10%
CFR	2.7%	3.0%	9%

Table 4: Comparison of cumulative cases as at week 26, 2023 and 2024

Week 26 Highlight

- 188 new cases were reported, 4 deaths with CFR = 2.1%
- 3 States Lagos (186), FCT (1) and Kogi (1) reported cases of cholera within the Epidemiological week

In the reporting month,

- States have reported 1,094 suspected cases of Cholera, Lagos (1.034), Ogun (19), Bayelsa (12), Rivers (9), Katsina (8), Kogi (3,) Oyo (2), Abia (2), Akwa Ibom (2), with Gombe, Sokoto and FCT each reporting one case (1)
- 41 deaths were recorded with CFR = 3.7%
- 217 Rapid Diagnostic Tests (RDT) were conducted with 38 positive results
- 293 stool culture tests were conducted and with 41 positive results
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary for 2024

- As of 30th June 2024, a total of 2,102 suspected cases including 63 deaths (CFR 3.0%) have been reported from 33 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 (1038 cases) accounts for 49% of all suspected cases in the country of the 32 States that have reported cases of cholera
- Southern Ijaw LGA (158 cases) in Bayelsa State accounts for 8% of all suspected cases reported in the country
- Other States; Bayelsa (476 cases), Abia (109), Zamfara (64 cases), Bauchi (46 cases), Katsina (45 cases), Cross River (43 cases), Ebonyi (38 cases), Rivers (37 cases), Delta (34 cases), Imo (28), Ogun (21), Nasarawa (19 cases), Ondo (17 cases), Kano (13 cases), Niger (11 cases), Osun (11 cases) and Akwa Ibom (10) account for 48.6% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year have decreased by 18% compared to what was reported at Epi-week 26 in 2023. Likewise, cumulative deaths recorded have declined by 10% in 2024

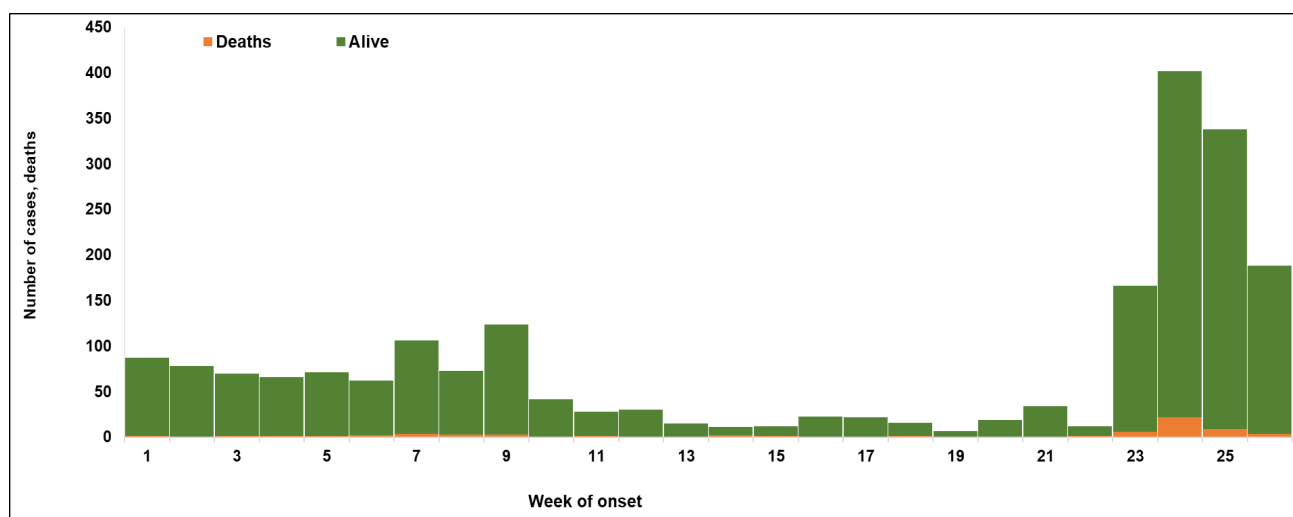


Figure 1: National Epidemic curve of weekly reported Cholera cases, week 1 to week 26, 2024

Cholera Situation Report

Epi Week: 26, 2024

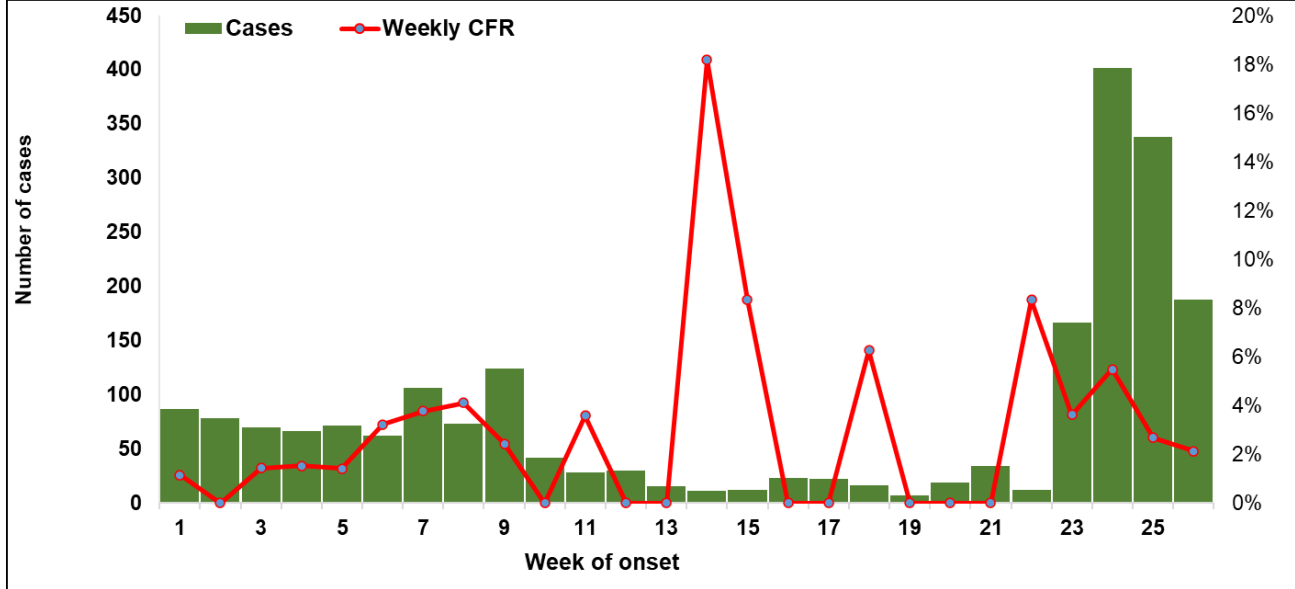


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 – 26, 2024, Nigeria

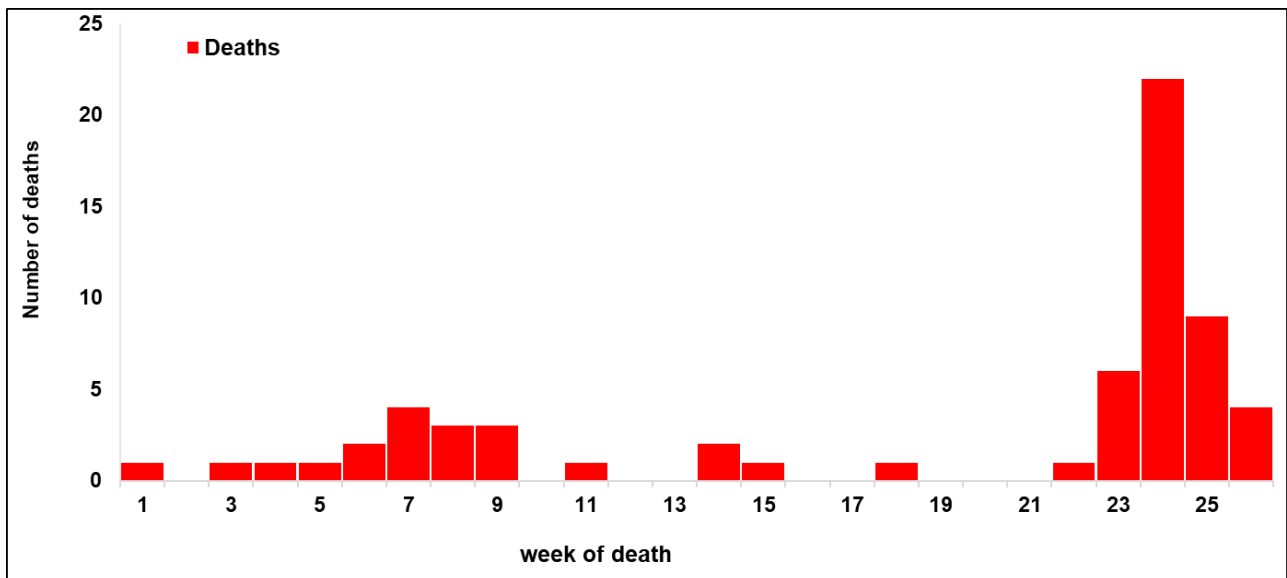


Figure 3: Trends in deaths, Epi weeks 1 - 26, 2024, Nigeria

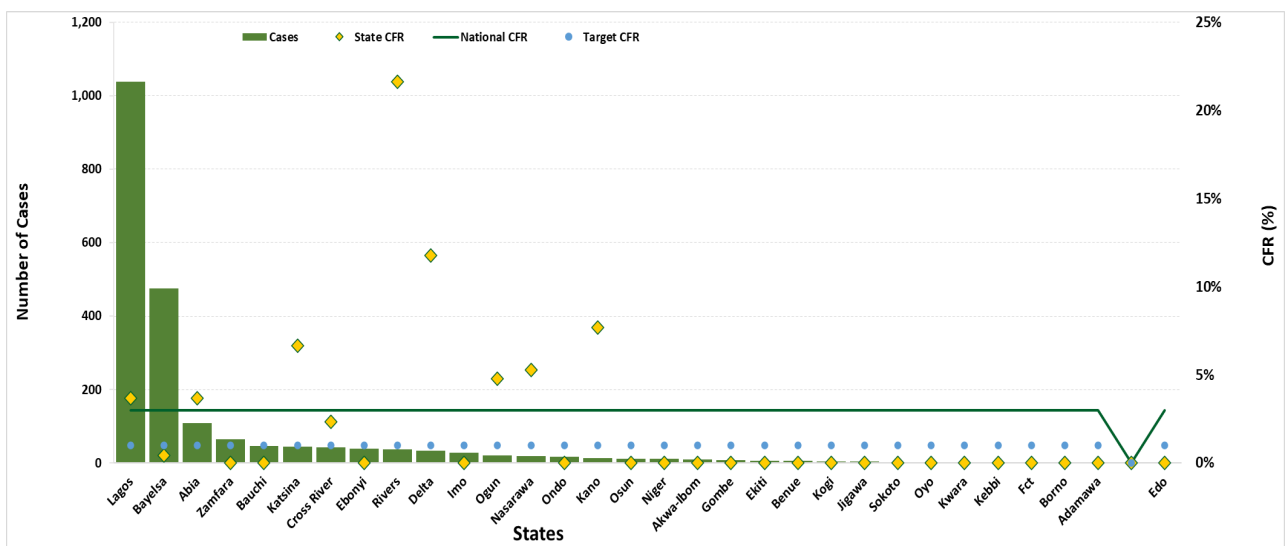


Figure 4: States' Cholera cases by Case fatality ratio (CFR) Epi-weeks 1 - 26, 2024

Table 5: Top 9 States in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Lagos	1,038	49%	49%
2	Bayelsa	476	23%	72%
3	Abia	109	5%	77%
4	Zamfara	64	3%	80%
5	Bauchi	46	2%	82%
6	Katsina	45	2%	85%
7	Cross River	43	2%	87%
8	Ebonyi	38	2%	90%
9	Rivers	37	2%	92%
Total		1934	92%	

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

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Southern Ijaw	Bayelsa	158	8%	8%
2	Lagos Mainland	Lagos	138	7%	14%
3	Lagos Island	Lagos	137	7%	21%
4	Kosofe	Lagos	103	5%	25%
5	Alimosho	Lagos	98	5%	30%
6	Apapa	Lagos	72	3%	34%
7	Yenagoa	Bayelsa	68	3%	37%
8	Ikorodu	Lagos	58	3%	42%
9	Talata Mafara	Zamfara	57	3%	45%
10	Surulere	Lagos	54	3%	48%
11	Nembe	Bayelsa	54	3%	50%
12	Ekeremor	Bayelsa	52	2%	53%
13	Ogbia	Bayelsa	50	2%	55%
14	Eti-Osa	Lagos	48	2%	57%
Total			1205	57%	

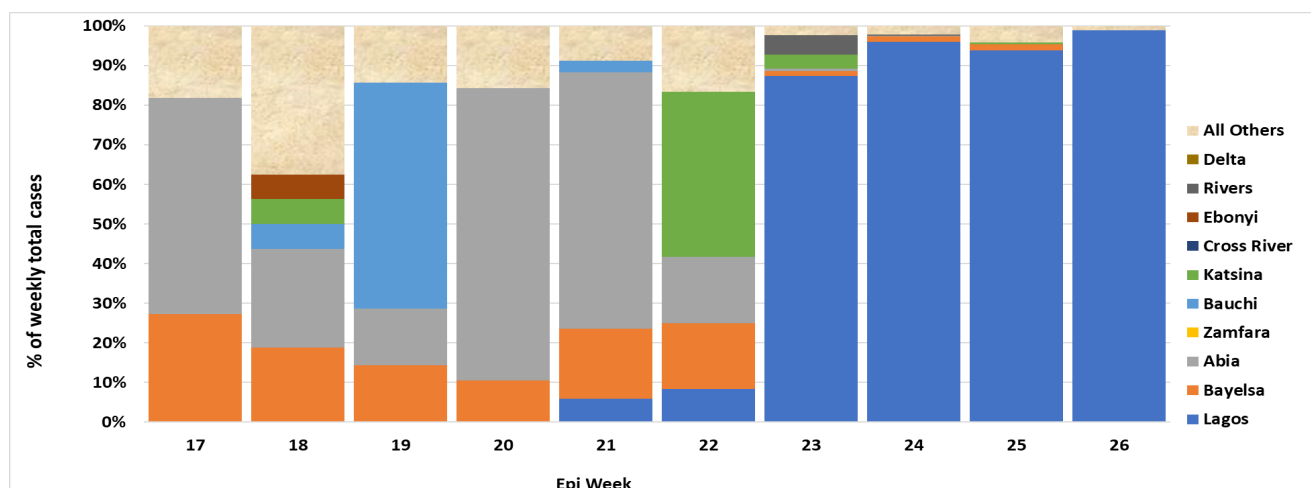


Figure 5: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

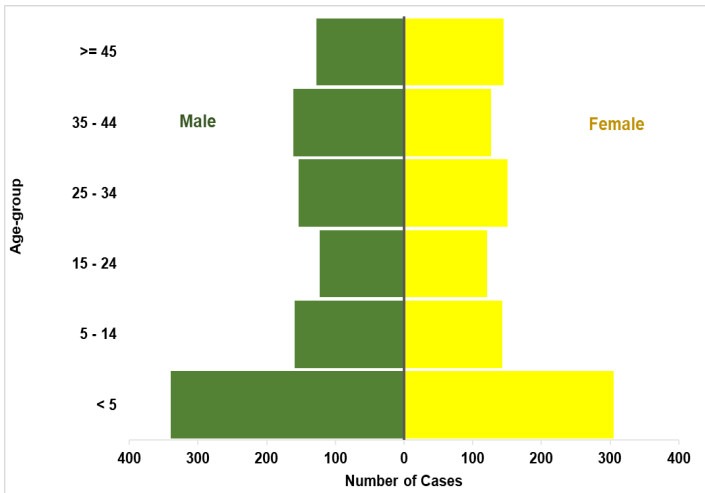


Figure 6. Age-Sex Pyramid for cumulative Cholera Cases, week 1-26 ,2024: N=2,096

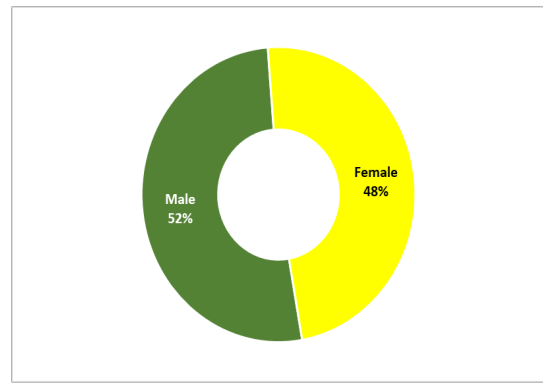


Figure 7. Sex disaggregation for cumulative Cholera cases, week 1-26 , 2024: N=2,096

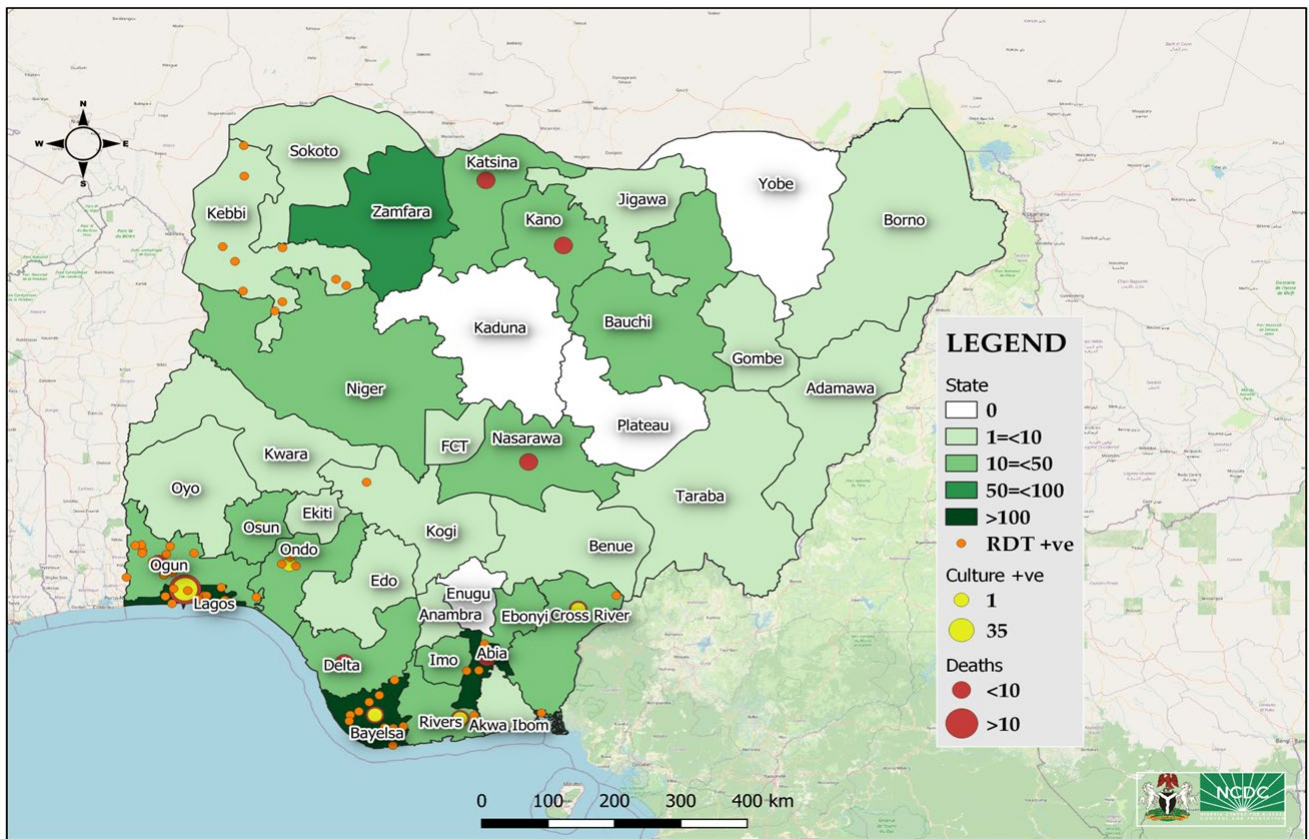


Fig. 8: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 26, 2024

	<ul style="list-style-type: none"> • Providing offsite/onsite support to states and follow up for daily reporting and progress with response activities 	
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 guidelines, treatment protocol and SOP harmonisation 	<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 	<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 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 	<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

		<ul style="list-style-type: none"> Continued follow-up with states for updates on risk communication
State Response	Multi-sectoral State-level Emergency Operation Centres (EOCs) activated in Lagos State	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 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
- Poor and inconsistent reporting from states

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
- 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

Cholera Situation Report

Epi Week: 26, 2024

- *A backlog of suspected cases for epi week 5 - 8 (1) was added*
- *A backlog of suspected cases for epi week 9 - 12 (2) was added*
- *A backlog of suspected cases for epi week 13 - 17 (2) was added*

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 30th JUNE 2024