



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 11

Epidemiological week 28: (08 July 2024 – 14 July 2024)

Key Points

Table 1: Current Epi-summary for week 28, 2024

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
385	11	2.9%	9	39

Table 2: Cumulative suspected cases (Epi week 1 - 28, 2024)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
3937	107	2.7%	35	189

Table 3: Summary of monthly reported suspected cases (Epi week 1 - 28, 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	138	3	2.2%	14	32
May	18 - 22	122	2	1.6%	19	39
June	23 - 26	1894	65	3.4%	28	99
July	27-28	818	21	2.6%	22	66

	Week	Week	
	1	28	
Summary	2023	2024	% Change
Suspected Cases	2,687	3,937	47%
Deaths	78	107	37%
CFR	2.9%	2.7%	-6%

Table 4: Comparison of cumulative suspected cases as at week 28, 2023 and 2024

Week 28 Highlight

- 385 new suspected cases were reported, 11 deaths with CFR = 2.9%
- 9 States Lagos (355, Katsina (17), Kano (3), Taraba (2), Kogi (2), Anambra (2), Bauchi (2), Imo (1) and FCT (1) reported cases of Cholera within the Epidemiological week

In the reporting month,

- States have reported 818 suspected cases of Cholera, Lagos (709), Katsina (37), Rivers (17), Ebonyi (8), Kogi (6), 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 and Osun each reporting one case (1)
- 21 Deaths was recorded with CFR = 2.6%
- 143 Rapid Diagnostic Tests (RDT) were conducted with 56 positive results
- 117 stool culture tests were conducted and with 18 positive results
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary for 2024

- As of **14th July 2024**, a total of **3,937 suspected cases including 107 deaths (CFR 2.7%)** 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 (2,303 cases) accounts for 58% of all suspected cases in the country of the 35 States that have reported cases of cholera
- Lagos Island LGA (352 cases) in Lagos State accounts for 9% of all suspected cases reported in the country
- Other States; Bayelsa (481 cases), Katsina (266), Ebonyi (148), Abia (121 cases), Rivers (70 cases), Delta (64 cases), Zamfara (64 cases), Bauchi (56 cases), Cross River (43 cases), Ogun (43), Imo (36), Ondo (27 cases), Benue (23), Kano (21 cases), Nasarawa (19), Osun (18), FCT (17 cases), Oyo (15), Niger (15), Ekiti(13), Kogi(11), and Akwa Ibom (10) account for 40.9% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year have increased by 47% compared to what was reported as at Epi-week 28 in 2023. Likewise, cumulative deaths recorded have increased by 37% in 2024

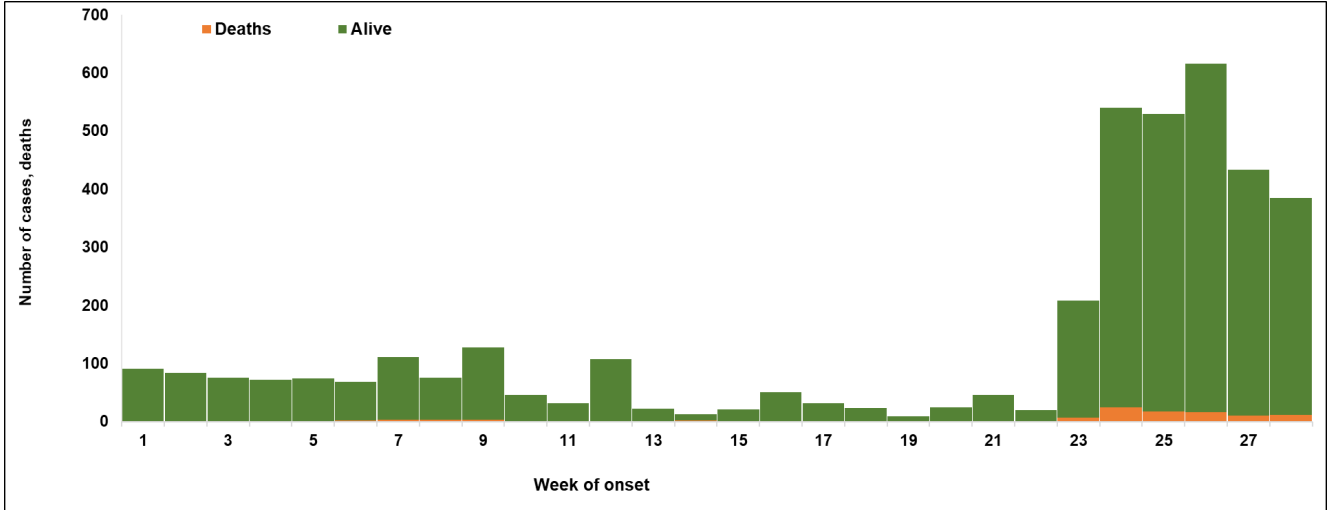


Figure 1: National Epidemic curve of weekly reported Cholera suspected cases, week 1 to week 28, 2024

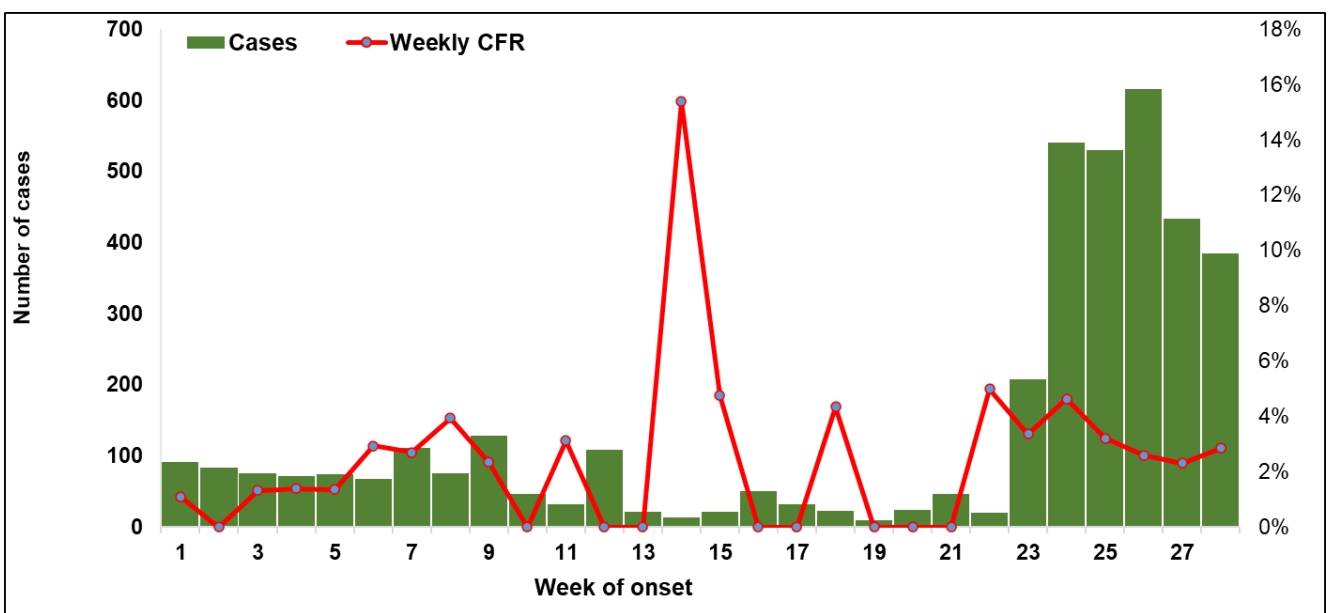


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 – 28, 2024, Nigeria

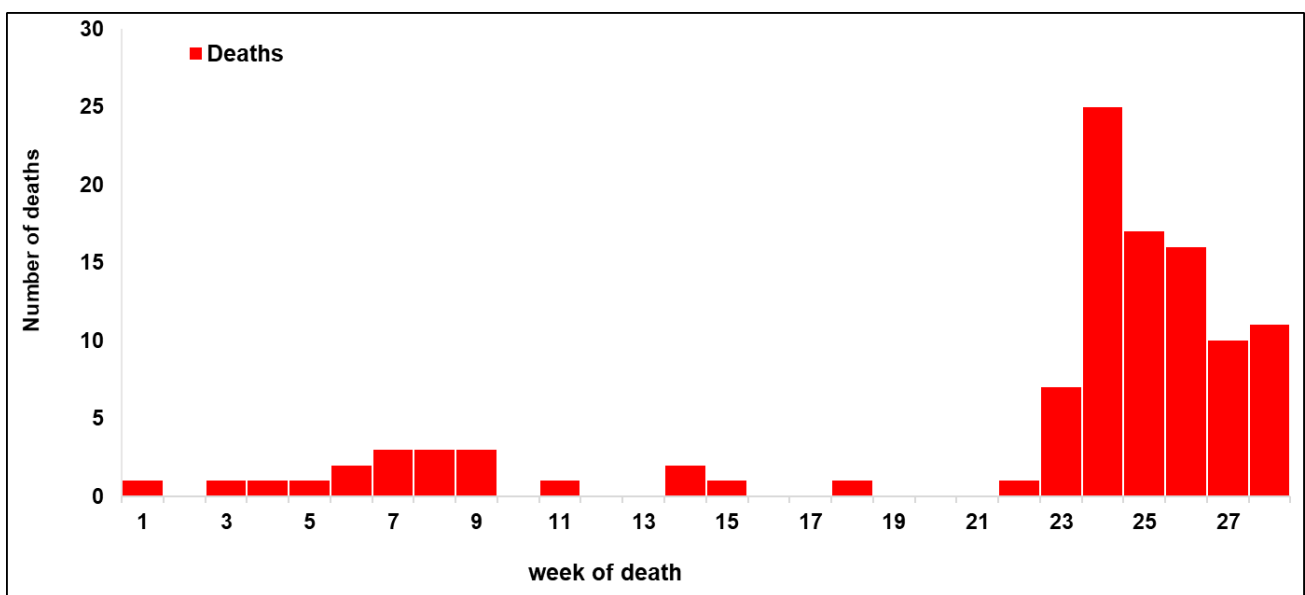


Figure 3: Trends in deaths, Epi weeks 1 - 28, 2024, Nigeria

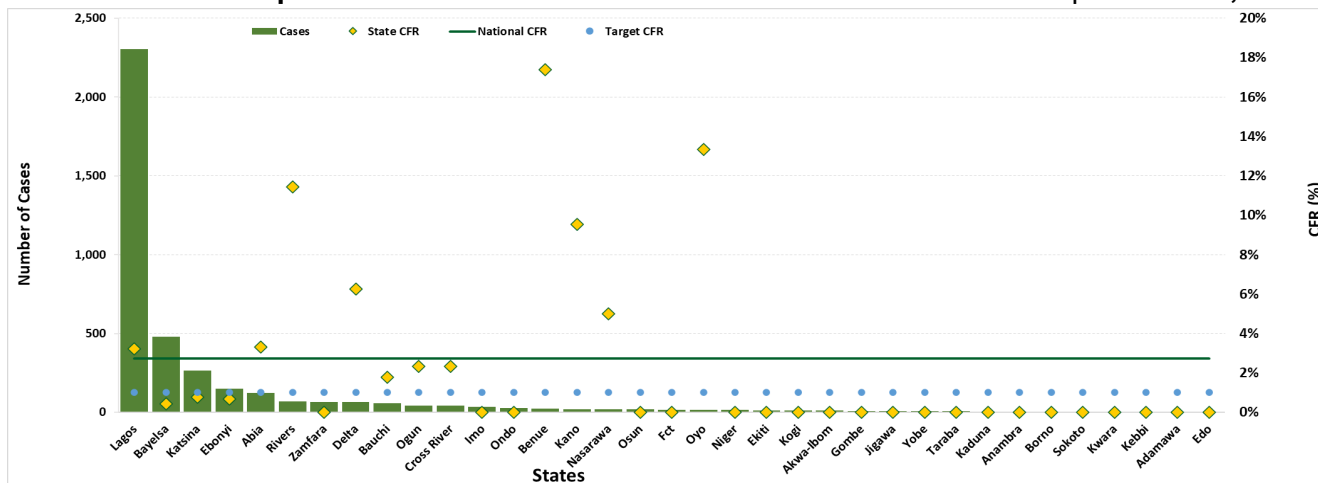


Figure 4: States' Cholera suspected cases by Case fatality ratio (CFR) Epi-weeks 1 - 28, 2024

Table 5: Top 9 States in cumulative suspected cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Lagos	2,303	58%	58%
2	Bayelsa	481	12%	71%
3	Katsina	266	7%	77%
4	Ebonyi	148	4%	81%
5	Abia	121	3%	84%
6	Rivers	70	2%	86%
7	Zamfara	64	2%	88%
8	Delta	64	2%	91%
9	Bauchi	56	1%	92%
Total		3637	92%	

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

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Lagos Island	Lagos	352	9%	9%
2	Lagos Mainland	Lagos	328	8%	17%
3	Eti-Osa	Lagos	311	8%	25%
4	Southern Ijaw	Bayelsa	165	4%	29%
5	Alimosho	Lagos	136	3%	33%
6	Kosofe	Lagos	122	3%	36%
7	Ajeromi/Ifelodun	Lagos	119	3%	39%
8	Apapa	Lagos	117	3%	45%
9	Ojo	Lagos	95	2%	47%
10	Ikorodu	Lagos	92	2%	50%
11	Surulere	Lagos	91	2%	52%
12	Epe	Lagos	86	2%	54%
13	Mushin	Lagos	75	2%	56%
14	Shomolu	Lagos	72	2%	58%
Total			2278	58%	

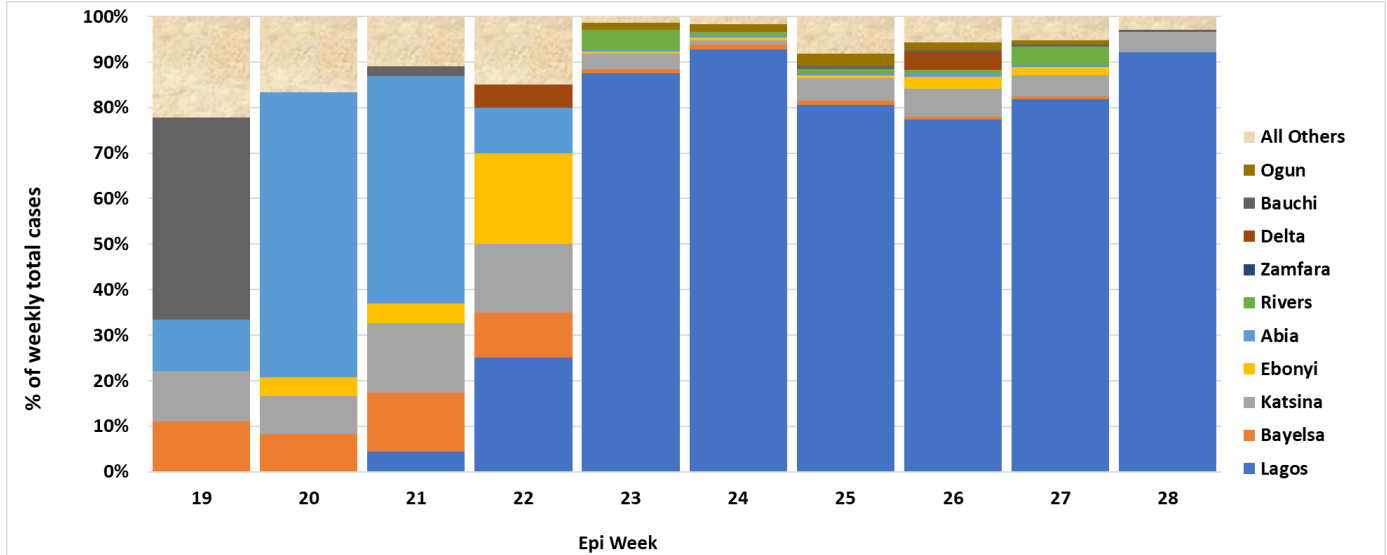


Figure 5: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

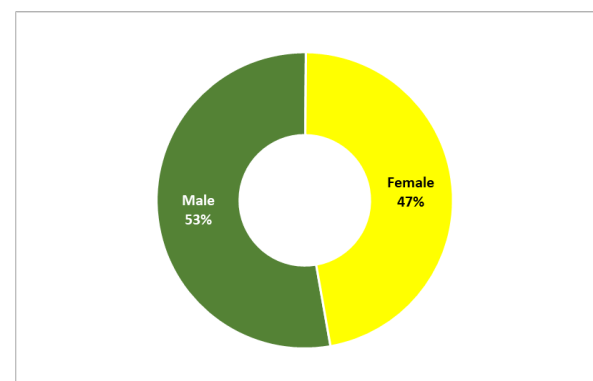
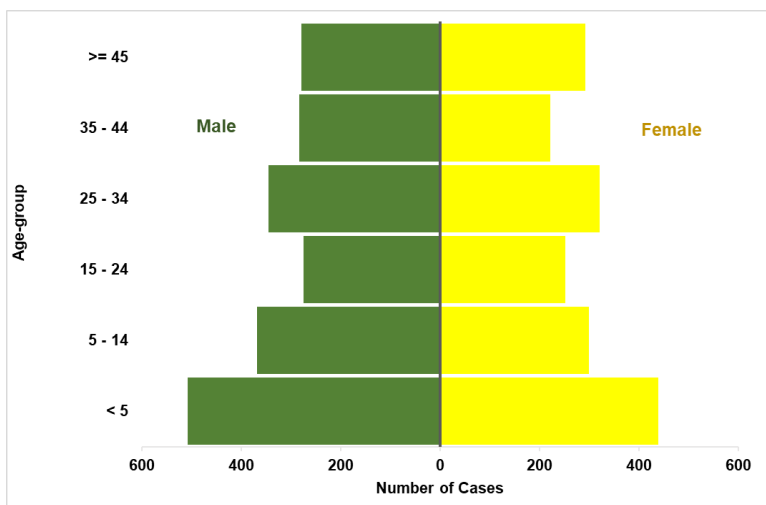


Figure 7. Sex disaggregation for cumulative Cholera cases, week 1-28, 2024: N=3,903

Figure 6. Age-Sex Pyramid for cumulative Cholera Cases, week 1-28,2024: N=3,903

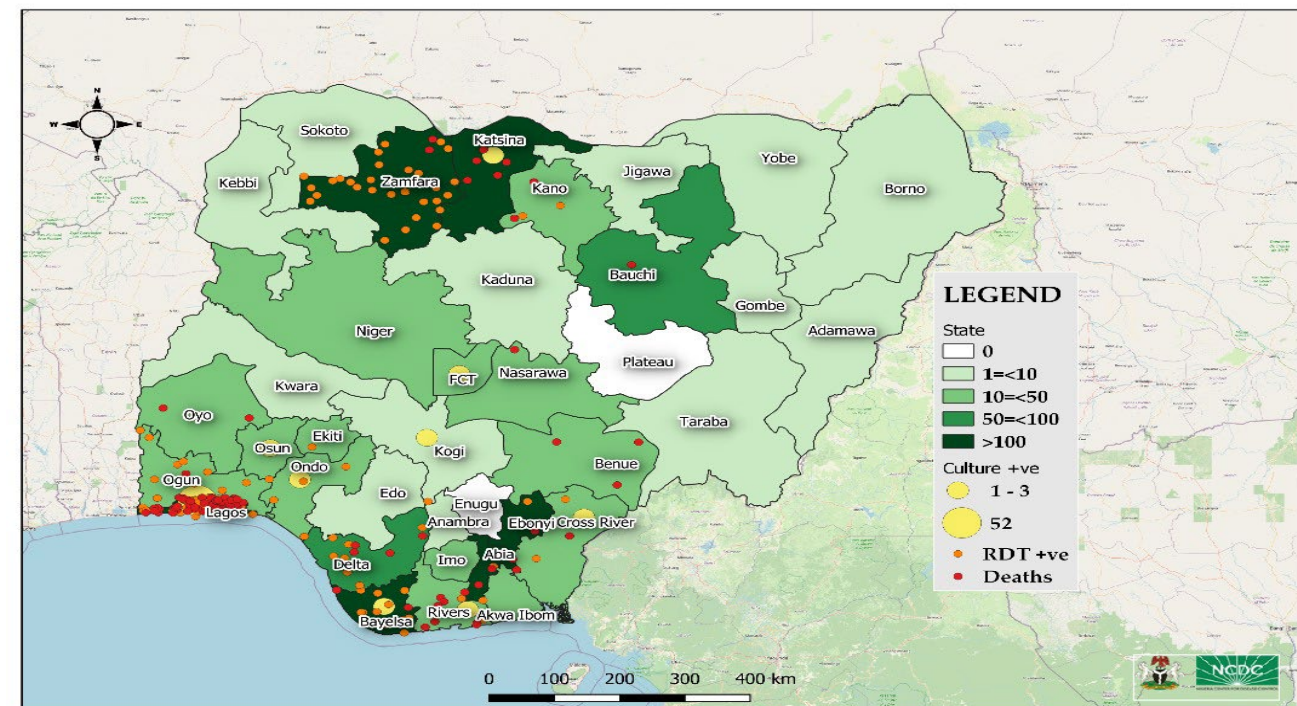


Fig. 8: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 28, 2024

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 28)						Cumulative (Week 1 - 28)				
		Cases		Deaths		Tests		Cases	Deaths	CFR	Tests	
		Cases	% change	Deaths	% change	RDT (%Pos)	Culture (%pos)				RDT (%Pos)	Culture (%pos)
1 Abia	Active		▼ 100%					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	2	▲ 100%			2 (0%)		4	-	0.0%	3 (0%)	1 (0%)
5 Bauchi	Active	2						56	1	1.8%		
6 Bayelsa	Active		▼ 100%					481	2	0.4%	39 (28%)	20 (5%)
7 Benue	Active		▼ 100%		▼ 100%			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	Active							64	4	6.3%	25 (28%)	
11 Ebonyi	Active		▼ 100%		▼ 100%			148	1	0.7%	12 (8%)	
12 Edo								1	-	0.0%		
13 Ekiti	Active		▼ 100%					13	-	0.0%	3 (33%)	2 (0%)
14 Fct	Active	1						17	-	0.0%		4 (25%)
15 Gombe	Active		▼ 100%					9	-	0.0%		8 (0%)
16 Imo	Active	1				1 (0%)		36	-	0.0%	10 (0%)	7 (0%)
17 Jigawa	Active							8	-	0.0%		5 (0%)
18 Kaduna	Active							5	-	0.0%	3 (0%)	
19 Kano	Active	3	▲ 100%			2 (100%)		21	2	9.5%	7 (29%)	
20 Katsina	Active	17	▼ 15%			2 (0%)	1 (0%)	266	2	0.8%	59 (5%)	45 (4%)
21 Kebbi								2	-	0.0%		
22 Kogi	Active	2	▼ 50%			2 (0%)	2 (100%)	11	-	0.0%	11 (9%)	11 (45%)
23 Kwara								2	-	0.0%		1 (0%)
24 Lagos	Active	355	▲ %	11	▲ 38%	355 (10%)	337 (2%)	2,303	74	3.2%	1832 (5%)	1381 (4%)
25 Nasarawa								20	1	5.0%	1 (0%)	2 (0%)
26 Niger	Active		▼ 100%					15	-	0.0%	3 (0%)	2 (0%)
27 Ogun	Active		▼ 100%					43	1	2.3%	23 (57%)	6 (0%)
28 Ondo	Active		▼ 100%					27	-	0.0%	16 (19%)	8 (13%)
29 Osun	Active		▼ 100%					18	-	0.0%	7 (0%)	10 (10%)
30 Oyo	Active		▼ 100%					15	2	13.3%	7 (0%)	6 (0%)
31 Rivers	Active		▼ 100%					70	8	11.4%	2 (50%)	4 (50%)
32 Sokoto								2	-	0.0%		
33 Taraba	Active	2	▲ 100%				1 (0%)	7	-	0.0%	1 (0%)	3 (0%)
34 Yobe	Active		▼ 100%					7	-	0.0%	4 (0%)	2 (0%)
35 Zamfara								64	-	0.0%		
National	25	385	▼ 11%	11	▲ 10%	364 (10%)	341 (3%)	3,937	107	2.7%	2133 (7%)	1549 (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 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 harmonization • Supporting active case search in hotspot LGAs and linking cases to treatment centres 	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 guidelines, treatment protocol and SOP harmonization • Case management data validation and harmonization across treatment centres • Deployment of Facility Assessment tool to treatment centres on case management and IPC. • On 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 optimisation 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 finalisation of cholera diagnostics guidelines and SOP
WASH	<ul style="list-style-type: none"> • Hygiene promotion, provision of safe water, water chlorination, household disinfection and sensitisation 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 	<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
State Response	Multi-sectoral State-level Emergency Operation Centres (EOCs) activated in Lagos, Bayelsa and Katsina 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 utilisation 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 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
- 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 1 - 4 (10) was added*
- *A backlog of suspected cases for epi week 5 - 8 (12) was added*
- *A backlog of suspected cases for epi week 9 - 12 (72) was added*
- *A backlog of suspected cases for epi week 13 - 17 (36) was added*
- *A backlog of suspected cases for epi week 18 - 22 (16) was added*
- *A backlog of suspected cases (280) and deaths (24) for epi week 23 - 26 were added*

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 14th JULY 2024