



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 14

Epidemiological week 31: (29 July 2024 – 04 August 2024)

Key Points

Table 1: Current Epi-summary for week 31, 2024

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
78	3	3.8%	7	22

Table 2: Cumulative suspected cases (Epi week 1 - 31, 2024)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
5655	174	3.1%	36	239

Table 3: Summary of monthly reported suspected cases (Epi week 1 - 31, 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	346	10	2.9%	21	41
March	9 - 12	314	5	1.6%	19	43
April	13 - 17	175	5	2.9%	17	37
May	18 - 22	135	2	1.5%	21	44
June	23 - 26	2485	99	4.0%	29	117
July	27 - 30	1800	47	2.6%	32	134
August	31	78	3	3.8%	7	22

	Week		
	1 -- 31		
Summary	2023	2024	% Change
Suspected Cases	2,800	5,655	102%
Deaths	85	174	105%
CFR	3.0%	3.1%	1%

Table 4: Comparison of cumulative suspected cases as at week 31, 2023 and 2024

Week 31 Highlight

- 78 new suspected cases were reported, 3 deaths with CFR = 3.8%
- 7 States Lagos (48), Kano (12), Jigawa (10), Katsina (4), Ogun (2), Akwa-Ibom (1) and Bauchi (1) reported cases of Cholera within the Epidemiological week

In the reporting month,

- States have reported 78 suspected cases of Cholera, Lagos (48), Kano (12), Jigawa (10), Katsina (4), Ogun (2) with Akwa-Ibom and Bauchi each reporting one case (1)
- 3 Deaths was recorded with CFR = 3.8%
- 9 Rapid Diagnostic Tests (RDT) were conducted with 1 positive result
- 1 stool culture test was conducted and with 1 positive result
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary for 2024

- As of 4th August 2024, a total of 5,655 suspected cases including 174 deaths (CFR 3.1%) 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 (3,524 cases) accounts for 62% of all suspected cases in the country of the 36 States that have reported cases of cholera
- Lagos Island LGA (554 cases) in Lagos State accounts for 10% of all suspected cases reported in the country
- Other States; Bayelsa (481 cases), Katsina (314), Ebonyi (152), Abia (129 cases), Zamfara (108 cases), Ogun (61 cases), Delta (85 cases), Bauchi (79 cases), Imo (78 cases), Rivers (70 cases), Jigawa (70 cases), Osun (47 cases), Kano (46 cases), Cross River (43 cases), Sokoto (42 cases), Oyo (33 cases), Yobe (30 cases), Ondo (27 cases), Benue (23 cases), Nasarawa (23 cases), Kebbi (22 cases), Kogi (21 cases), FCT (19 cases) Ekiti (18 cases), Niger (15 cases), Gombe (14 cases) and Akwa Ibom (13 cases) account for 39.2% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year have increased by 102% compared to what was reported as at Epi-week 31 in 2023. Likewise, cumulative deaths recorded have increased by 105% in 2024

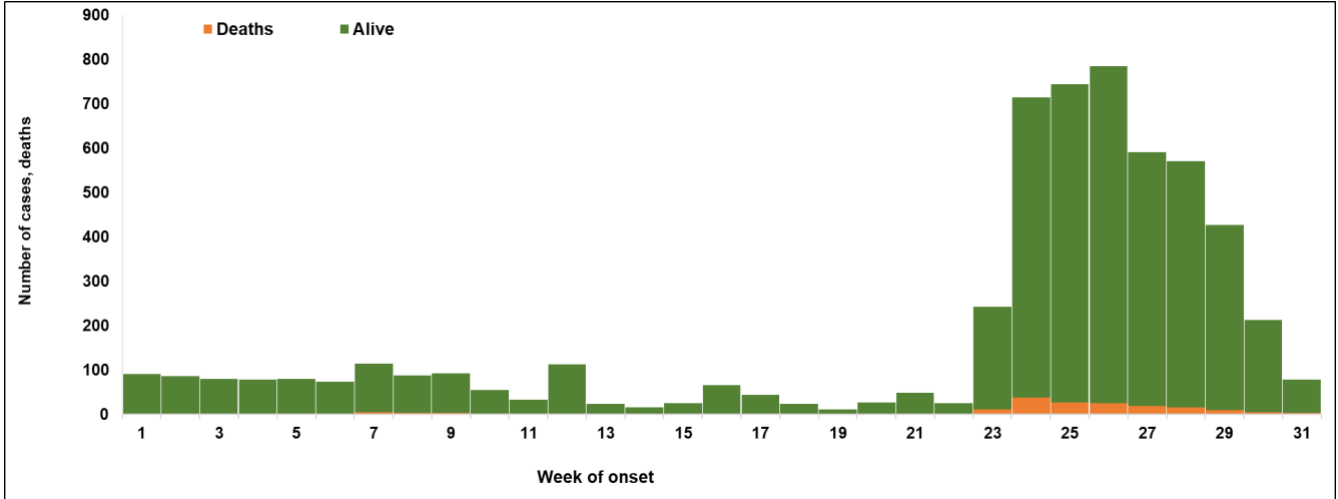


Figure 1: National epidemic curve of weekly reported Cholera suspected cases, week 1 to week 31, 2024

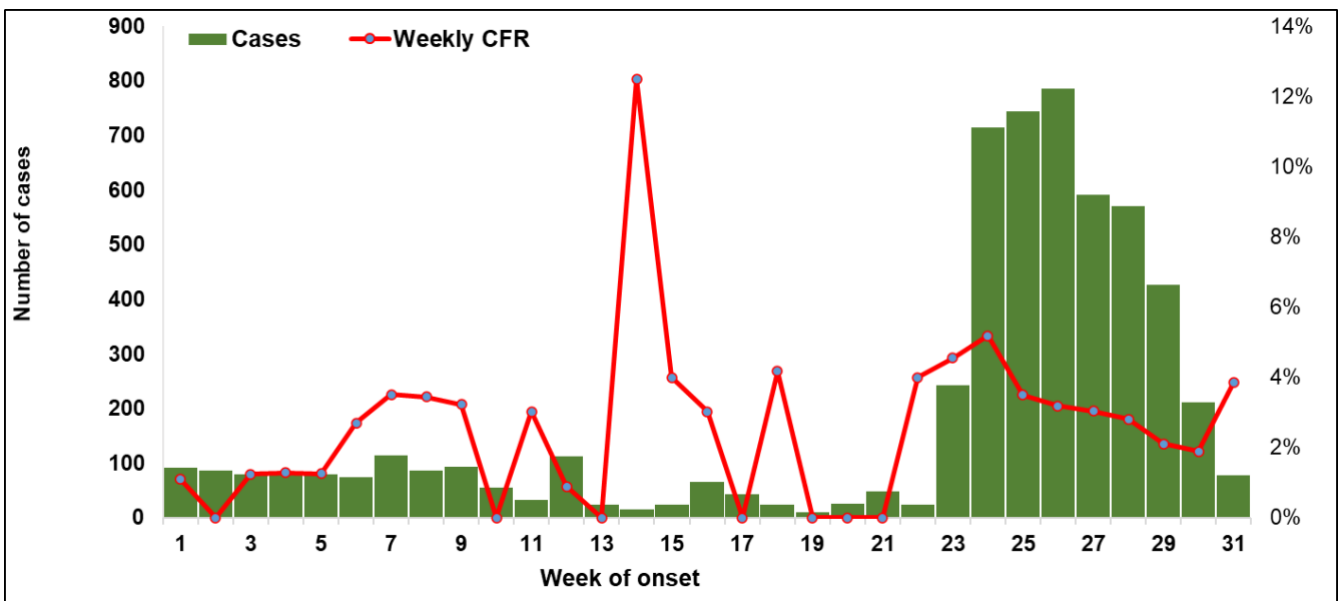


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 – 31, 2024, Nigeria

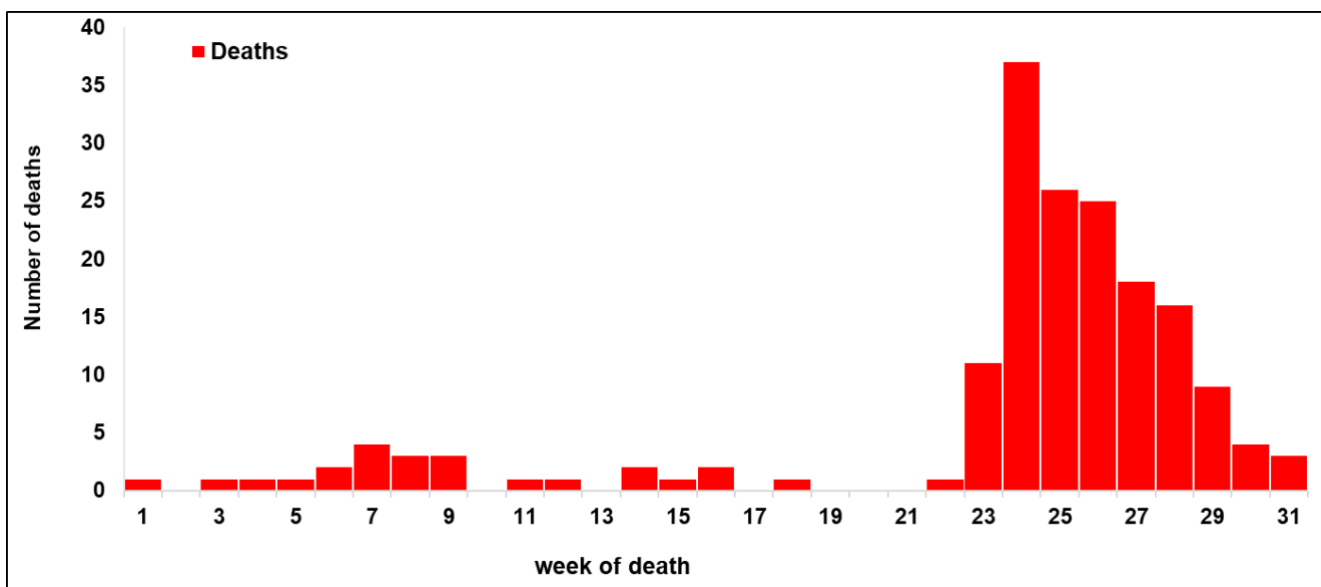


Figure 3: Trends in deaths, Epi weeks 1 - 31, 2024, Nigeria

Cholera Situation Report

Epi Week: 31, 2024

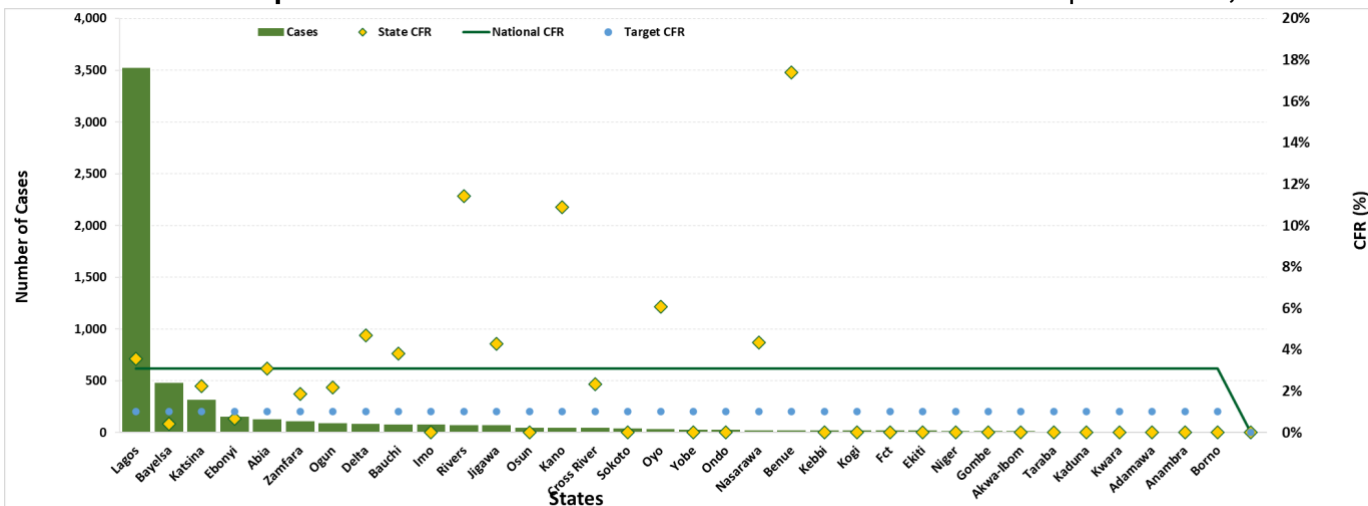


Figure 4: States' Cholera suspected cases by Case fatality ratio (CFR) Epi-weeks 1 - 31, 2024

Table 5: Top 9 States in cumulative suspected cases

No	State	Suspected cases	Percent of cumulative cases	Cumulative % of total cases
1	Lagos	3,524	62%	62%
2	Bayelsa	481	9%	70%
3	Katsina	314	6%	76%
4	Ebonyi	152	3%	79%
5	Abia	129	2%	81%
6	Zamfara	108	2%	83%
7	Ogun	92	2%	85%
8	Delta	85	2%	88%
9	Bauchi	79	1%	89%
Total		5049	89%	

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	554	10%	10%
2	Lagos Mainland	Lagos	498	9%	19%
3	Eti-Osa	Lagos	415	7%	26%
4	Ajeromi/Ifelodun	Lagos	279	5%	31%
5	Kosofe	Lagos	191	3%	34%
6	Surulere	Lagos	178	3%	37%
7	Southern Ijaw	Bayelsa	168	3%	40%
8	Alimosho	Lagos	166	3%	46%
9	Epe	Lagos	162	3%	49%
10	Apapa	Lagos	153	3%	51%
11	Ikorodu	Lagos	135	2%	54%
12	Mushin	Lagos	119	2%	56%
13	Oshodi/Isolo	Lagos	115	2%	58%
14	Ojo	Lagos	114	2%	60%
Total			3413	60%	

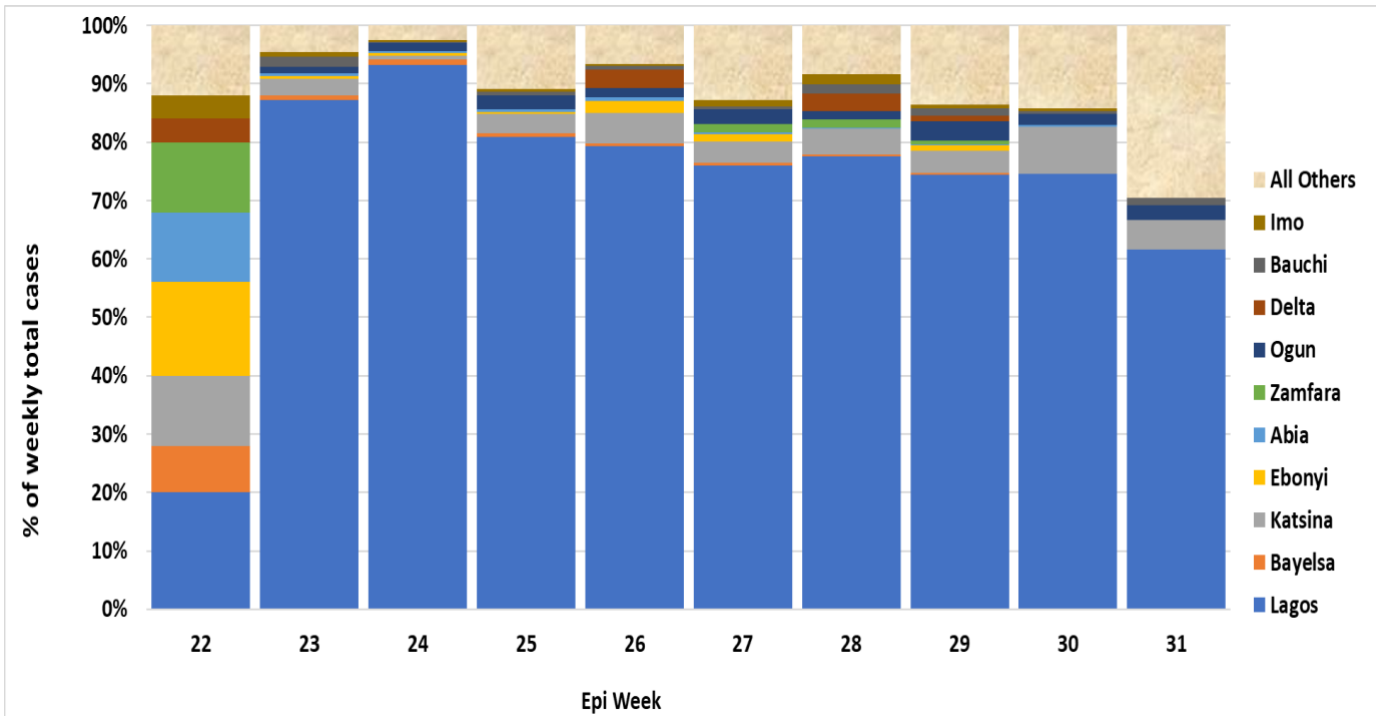


Figure 5: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

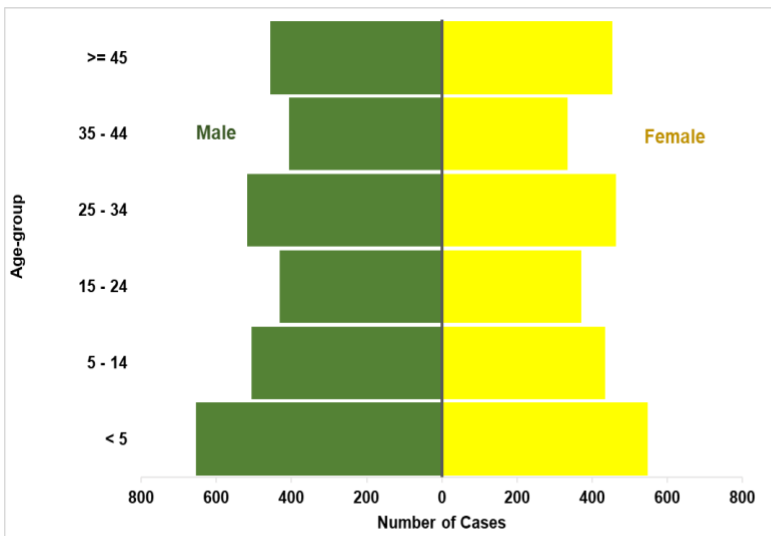


Figure 6. Age-Sex Pyramid for cumulative Cholera Cases, week 1-31, 2024: N=5,603

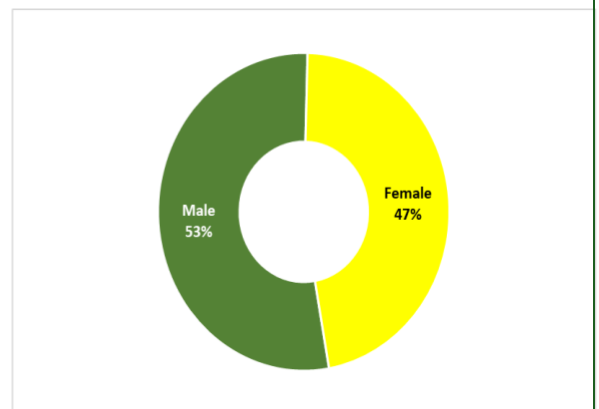


Figure 7. Sex disaggregation for cumulative Cholera cases, week 1-31, 2024: N=5,603

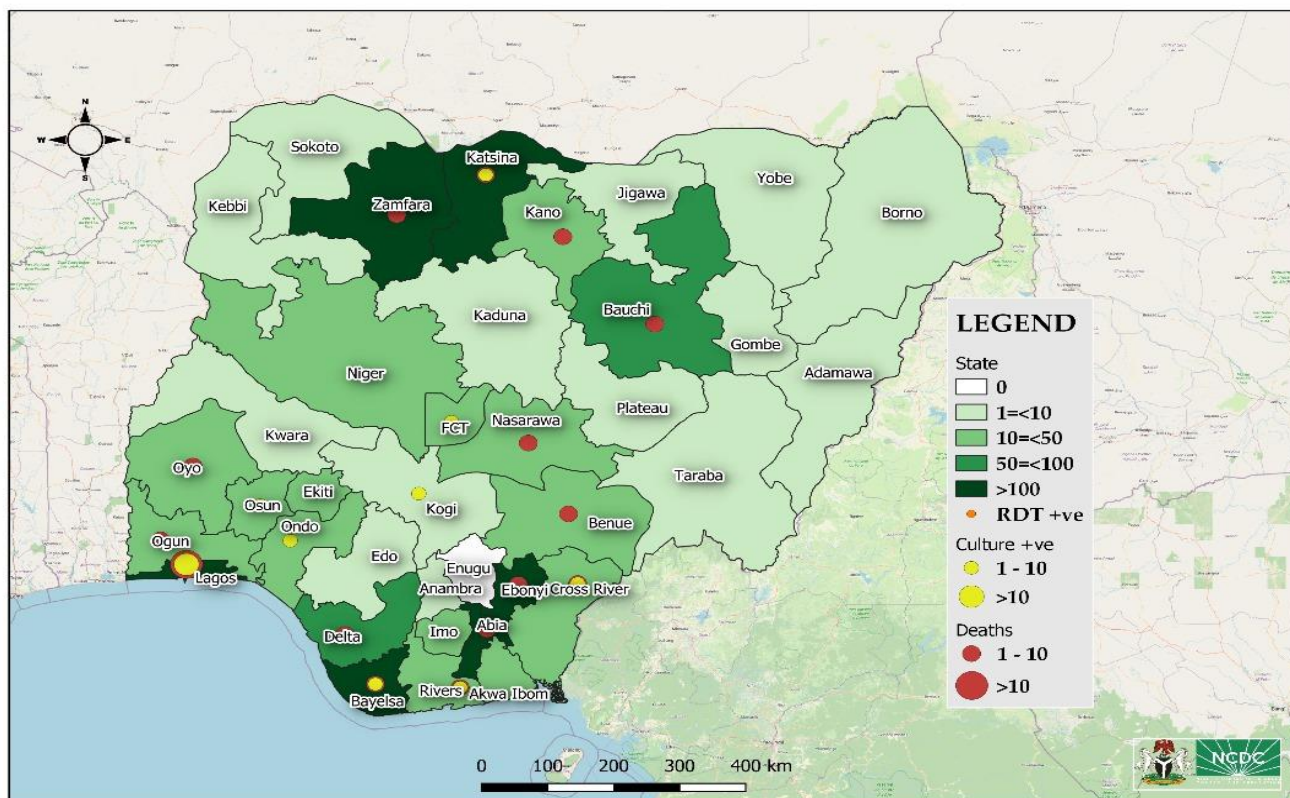


Fig. 8: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 31, 2024

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 31)					Cumulative (Week 1 - 31)					
			Cases		Deaths		Tests		Cases	Deaths	CFR	Tests	
			Cases	% change	Deaths	% change	RDT (%Pos)	Culture (%pos)				RDT (%Pos)	Culture (%pos)
1	Abia	Active		▼ 100%				129	4	3.1%	37 (8%)	6 (0%)	
2	Adamawa	Active						5	-	0.0%		5 (0%)	
3	Akwa-Ibom	Active	1	▲ 100%				13	-	0.0%		12 (0%)	
4	Anambra							4	-	0.0%	3 (0%)	1 (0%)	
5	Bauchi	Active	1					79	3	3.8%	5 (0%)	3 (33%)	
6	Bayelsa	Active						481	2	0.4%	41 (29%)	22 (5%)	
7	Benue							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						85	4	4.7%	26 (27%)		
11	Ebonyi	Active						152	1	0.7%	16 (13%)		
12	Edo							1	-	0.0%			
13	Ekiti	Active						18	-	0.0%	5 (20%)	2 (0%)	
14	Fct	Active		▼ 100%				19	-	0.0%		4 (25%)	
15	Gombe							14	-	0.0%	4 (25%)	8 (0%)	
16	Imo	Active		▼ 100%				78	-	0.0%	47 (2%)	7 (0%)	
17	Jigawa	Active	10				2 (0%)	70	3	4.3%	4 (0%)	5 (0%)	
18	Kaduna							9	-	0.0%	3 (0%)		
19	Kano	Active	12	▲ 500%	2	▲ 100%	3 (33%)	46	5	10.9%	10 (30%)		
20	Katsina	Active	4	▼ 76%				314	7	2.2%	61 (5%)	45 (4%)	
21	Kebbi	Active		▼ 100%				22	-	0.0%	11 (0%)		
22	Kogi	Active		▼ 100%				21	-	0.0%	21 (10%)	19 (42%)	
23	Kwara	Active						5	-	0.0%	3 (0%)	1 (0%)	
24	Lagos	Active	48	▼ 70%	1	▼ 75%	48 (0%) 43 (2%)	3,524	125	3.5%	1989 (7%)	1246 (5%)	
25	Nasarawa							23	1	4.3%	2 (0%)	2 (0%)	
26	Niger							15	-	0.0%	3 (0%)	2 (0%)	
27	Ogun	Active	2	▼ 50%				92	2	2.2%	25 (44%)	10 (20%)	
28	Ondo							27	-	0.0%	16 (19%)	8 (13%)	
29	Osun							47	-	0.0%	8 (0%)	37 (3%)	
30	Oyo	Active		▼ 100%				33	2	6.1%	22 (0%)	4 (0%)	
31	Plateau	#N/A						1	-	0.0%	1 (0%)		
32	Rivers							70	8	11.4%	2 (50%)	4 (50%)	
33	Sokoto	Active						42	-	0.0%		6 (0%)	
34	Taraba	Active						9	-	0.0%	1 (0%)	4 (0%)	
35	Yobe	Active						30	-	0.0%	19 (0%)	8 (0%)	
36	Zamfara	Active						108	2	1.9%	40 (55%)		
	National	23	78	▼ 63%	3	▼ 25%	53 (2%) 43 (2%)	5,655	174	3.1%	2455 (9%)	1474 (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 and state response • Continue sub-national level preparedness and response support
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 • <i>Continue tracking of utilization of response commodities</i>
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

- Inadequate health facility infrastructure, WASH and cholera commodities for management of patients
- 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
- Inadequate logistics for active case search
- Treatment costs for patients with complications and co-morbidities not covered by the free treatment provided by the Lagos State Government
- Shortage of laboratory consumables for vibrio culture as well as other AWD causing Enterobacteriaceae.
- 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

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
- 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.

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 (1) was added*
- *A backlog of suspected cases for epi week 18 - 22 (1) was added*
- *A backlog of suspected cases (41) and deaths (3) for epi week 23 - 26 were added*

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 4th AUGUST 2024