



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 15

Epidemiological week 32: (5 August 2024 – 11 August 2024)

Key Points

Table 1: Current Epi-summary for week 32, 2024

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
121	1	0.8%	5	22

Table 2: Cumulative suspected cases (Epi week 1 - 32, 2024)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
5951	176	3.0%	36	247

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	347	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	2486	99	4.0%	29	119
July	27 - 30	1831	47	2.6%	32	142
August	31-32	341	6	1.8%	10	34

Table 3: Summary of monthly reported suspected cases (Epi week 1 - 32, 2024)

	Week		
	1 -- 32		
Summary	2023	2024	% Change
Suspected Cases	2,862	5,951	108%
Deaths	86	176	105%
CFR	3.0%	3.0%	0%

Table 4: Comparison of cumulative suspected cases as at week 32, 2023 and 2024

Week 32 Highlight

- 121 new suspected cases were reported, 1 death with CFR = 0.8%
- 5 States Lagos (117), Abia (1), Kwara (1), Adamawa (1) and Kano (1) reported cases of Cholera within the Epidemiological week

In the reporting month,

- States have reported 341 suspected cases of Cholera, Lagos (271), Kano (32), Kwara (10) Jigawa (10), Katsina (7), Akwa-Ibom (6), Ogun (2) with Bauchi, Abia and Adamawa each reporting one case (1)
- 6 Deaths was recorded with CFR = 1.8%
- 68 Rapid Diagnostic Tests (RDT) were conducted with 18 positive results
- 83 stool culture test was conducted and with 4 positive results
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary for 2024

- As of **11th August 2024**, a total of **5,951 suspected cases including 176 deaths (CFR 3.0%)** 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 (3,758 cases) accounts for 63% of all suspected cases in the country of the 36 States that have reported cases of cholera
- Lagos Island LGA (561 cases) in Lagos State accounts for 9% of all suspected cases reported in the country
- Other States; Bayelsa (481 cases), Katsina (319), Ebonyi (154), Abia (130 cases), Zamfara (108 cases), Ogun (92 cases), Delta (85 cases), Imo (80 cases), Bauchi (79 cases), Rivers (74 cases), Jigawa (70 cases), Kano (66 cases), Osun (47 cases), Cross River (43 cases), Sokoto (42 cases), Oyo (33 cases), Yobe (30 cases), Ondo (27 cases), Akwa Ibom (26 cases) Benue (23 cases), Nasarawa (23 cases), Kebbi (22 cases), Kogi (21 cases), Fct (19 cases) Ekiti (18 cases), Kwara (16), Niger (15 cases), Gombe (14 cases) and) account for 40.4% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year have increased by 108% compared to what was reported as at Epi-week 32 in 2023. Likewise, cumulative deaths recorded have increased by 105% in 2024

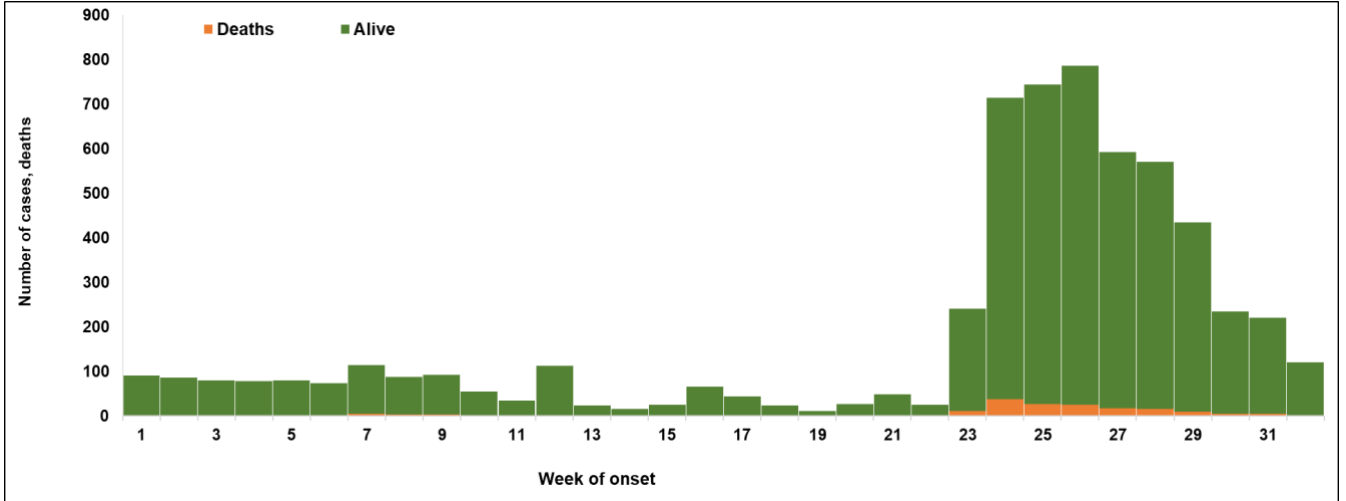


Figure 1: National epidemic curve of weekly reported Cholera suspected cases, week 1 to week 32, 2024

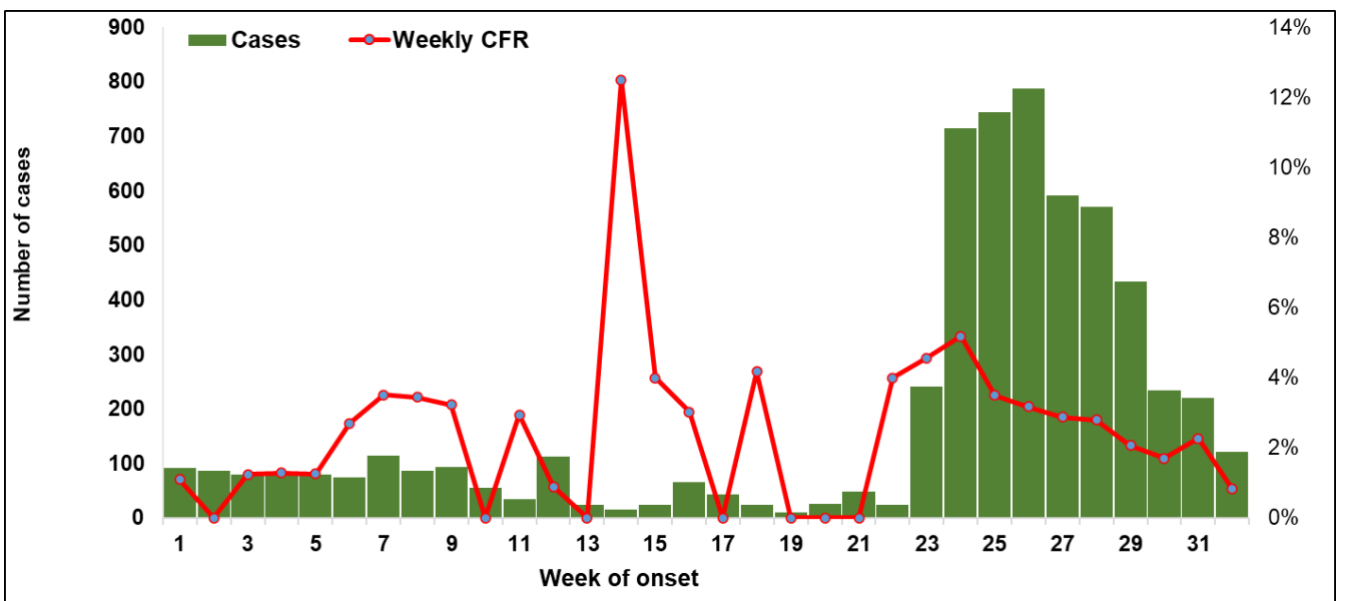


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 – 32, 2024, Nigeria

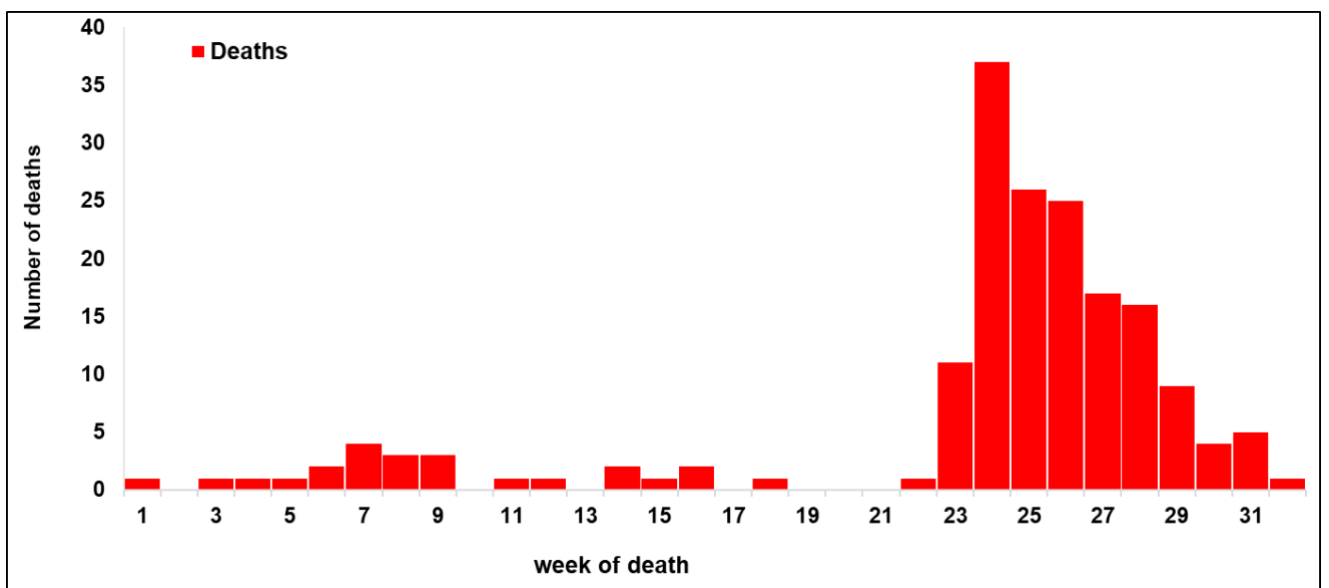


Figure 3: Trends in deaths, Epi weeks 1 - 32, 2024, Nigeria

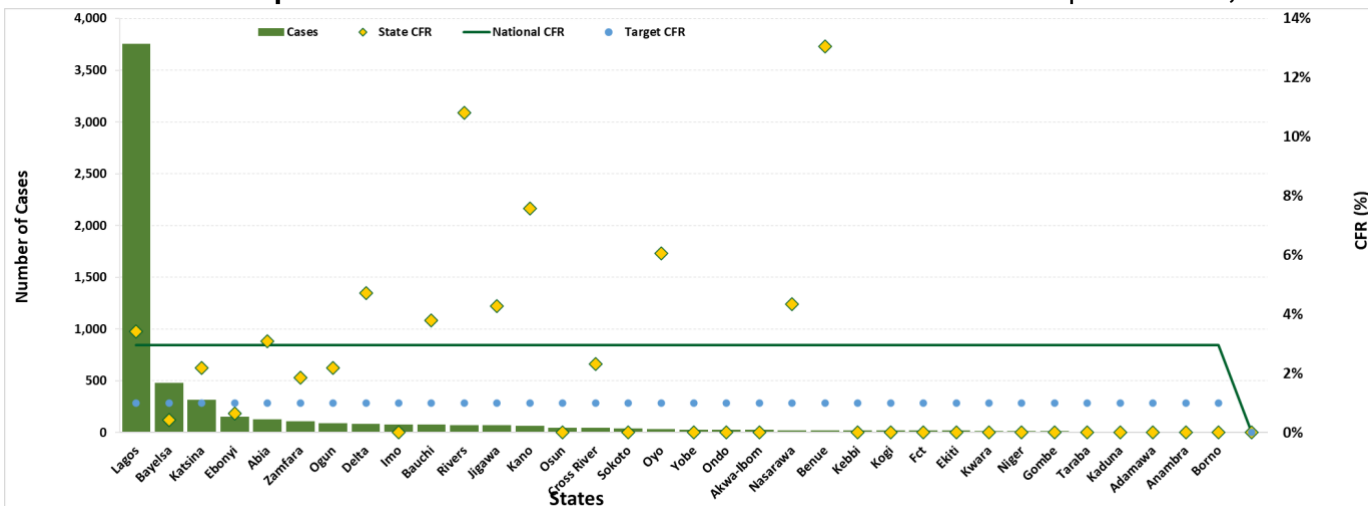


Figure 4: States' Cholera suspected cases by Case fatality ratio (CFR) Epi-weeks 1 - 32, 2024

Table 5: Top 9 States in cumulative suspected cases

No	State	Suspected cases	Percent of cumulative cases	Cumulative % of total cases
1	Lagos	3,758	63%	63%
2	Bayelsa	481	8%	71%
3	Katsina	319	5%	77%
4	Ebonyi	154	3%	79%
5	Abia	130	2%	81%
6	Zamfara	108	2%	83%
7	Ogun	92	2%	85%
8	Delta	85	1%	88%
9	Imo	80	1%	89%
Total		5292	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	561	9%	9%
2	Lagos Mainland	Lagos	514	9%	18%
3	Eti-Osa	Lagos	443	7%	26%
4	Ajeromi/Ifelodun	Lagos	311	5%	31%
5	Surulere	Lagos	204	3%	34%
6	Alimosho	Lagos	199	3%	38%
7	Kosofe	Lagos	192	3%	41%
8	Epe	Lagos	188	3%	47%
9	Southern Ijaw	Bayelsa	166	3%	50%
10	Apapa	Lagos	160	3%	53%
11	Mushin	Lagos	136	2%	55%
12	Ikorodu	Lagos	136	2%	57%
13	Ojo	Lagos	119	2%	59%
14	Oshodi/Isolo	Lagos	119	2%	61%
Total			3636	61%	

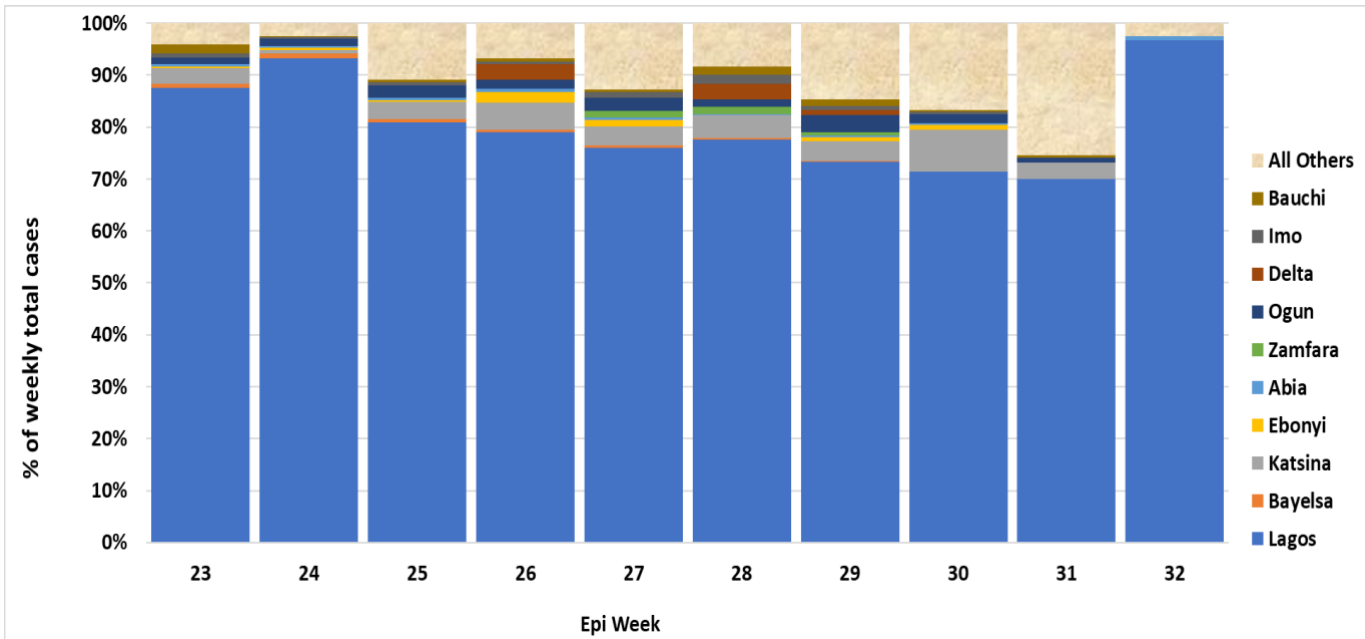


Figure 5: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

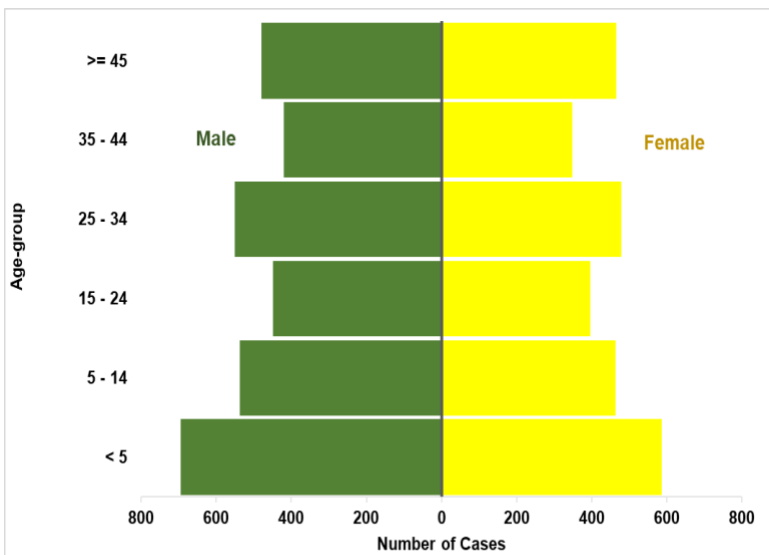


Figure 6. Age-Sex Pyramid for cumulative Cholera Cases, week 1-32 ,2024: N=5,892

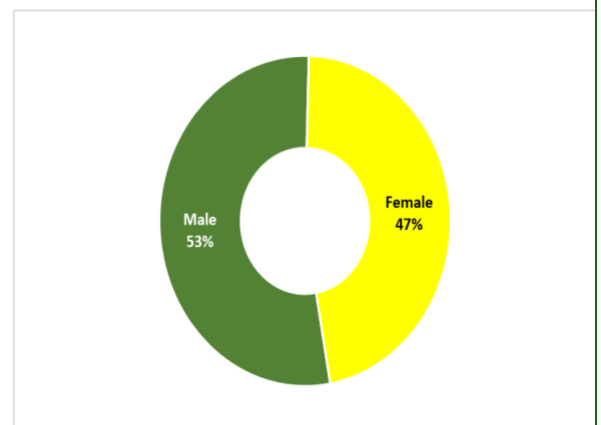


Figure 7. Sex disaggregation for cumulative Cholera cases, week 1-32, 2024: N=5,892

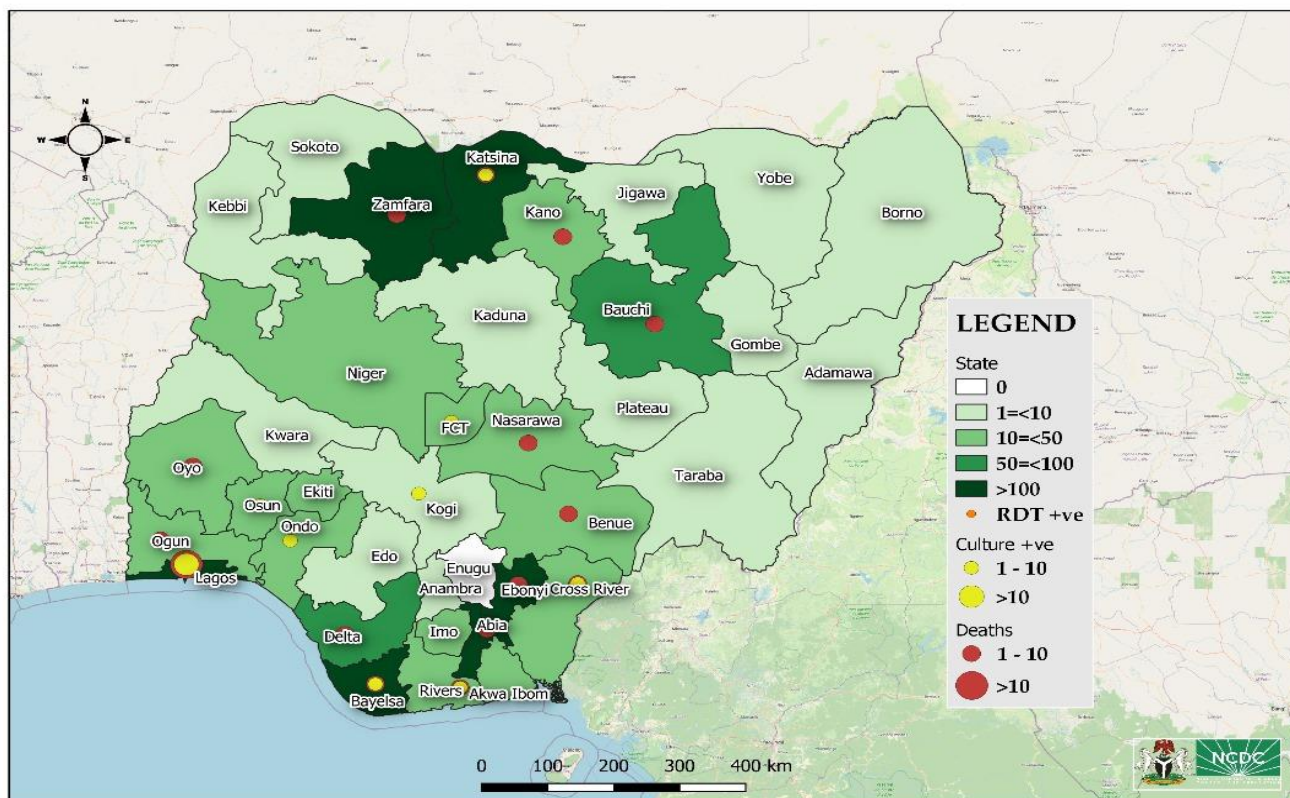


Fig. 8: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 32, 2024

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 32)					Cumulative (Week 1 - 32)					
			Cases		Deaths		Tests		Cases	Deaths	CFR	Tests	
			Cases	% change	Deaths	% change	RDT (%Pos)	Culture (%pos)				RDT (%Pos)	Culture (%pos)
1 Abia	Active		1	▲ 100%			1 (100%)	130	4	3.1%	38 (11%)	6 (0%)	
2 Adamawa	Active		1	▲ 100%				9	-	0.0%		8 (0%)	
3 Akwa-Ibom	Active			▼ 100%				26	-	0.0%	10 (0%)	15 (0%)	
4 Anambra								4	-	0.0%	3 (0%)	1 (0%)	
5 Bauchi	Active			▼ 100%				79	3	3.8%	5 (0%)	3 (33%)	
6 Bayelsa								481	2	0.4%	41 (29%)	22 (5%)	
7 Benue	Active							23	3	13.0%	5 (0%)	1 (0%)	
8 Borno								3	-	0.0%	1 (0%)		
9 Cross River								43	1	2.3%	25 (8%)	2 (50%)	
10 Delta								85	4	4.7%	26 (27%)		
11 Ebonyi	Active							154	1	0.6%	18 (11%)		
12 Edo								1	-	0.0%			
13 Ekiti								18	-	0.0%	5 (20%)	2 (0%)	
14 Fct	Active							19	-	0.0%		4 (25%)	
15 Gombe								14	-	0.0%	4 (25%)	8 (0%)	
16 Imo	Active							80	-	0.0%	47 (2%)	9 (0%)	
17 Jigawa	Active			▼ 100%				70	3	4.3%	4 (0%)	5 (0%)	
18 Kaduna								9	-	0.0%	3 (0%)		
19 Kano	Active		1	▼ 97%		▼ 100%		66	5	7.6%	16 (19%)		
20 Katsina	Active			▼ 100%				319	7	2.2%	61 (5%)	45 (4%)	
21 Kebbi	Active							22	-	0.0%	11 (0%)		
22 Kogi	Active							21	-	0.0%	21 (10%)	20 (40%)	
23 Kwara	Active		1	▼ 89%			1 (0%)	16	-	0.0%	14 (0%)	1 (0%)	
24 Lagos	Active		117	▼ 24%	1	▼ 67%	117 (8%)	77 (1%)	3,758	128	3.4%	2223 (7%)	1413 (5%)
25 Nasarawa								23	1	4.3%	2 (0%)	2 (0%)	
26 Niger								15	-	0.0%	3 (0%)	2 (0%)	
27 Ogun	Active			▼ 100%				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							33	2	6.1%	22 (0%)	4 (0%)	
31 Plateau	#N/A							1	-	0.0%	1 (0%)		
32 Rivers	Active							74	8	10.8%	2 (50%)	9 (67%)	
33 Sokoto								42	-	0.0%		6 (0%)	
34 Taraba								9	-	0.0%	1 (0%)	4 (0%)	
35 Yobe								30	-	0.0%	19 (0%)	8 (0%)	
36 Zamfara								108	2	1.9%	40 (55%)		
National	18		121	▼ 45%	1	▼ 80%	119 (8%)	77 (1%)	5,951	176	3.0%	2720 (9%)	1655 (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 and provide virtual support to other states 	<ul style="list-style-type: none"> • The national multi-sectoral TWG will continue to coordinate the national response • Ongoing review state situation and provide virtual support • Continue state level spreparedness 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 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 	<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"> • Identification of laboratories for possible optimization for cholera diagnosis • 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"> • Currently, another phase of distribution of cholera response health products, including medicines, IPC materials, WASH supplies, laboratory reagents, and other supporting items, commenced this week to all 36 states. • 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 • <i>Potential plan in place for vaccination in a selected state</i>
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

- Poor hygiene practice in most cholera affected communities
- 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
- Inadequate WASH infrastructure and supplies including wastewater management facilities
- 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.
- 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

Next Steps

- 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
- 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
- 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 5 - 8 (1) was added*
- *A backlog of suspected cases for epi week 23 - 26 (1) was added*
- *A backlog of suspected cases for epi week 27 - 30 (31) were added*

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 11th AUGUST 2024