



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 11

Epidemiological week 44-47: (30 October 2023 - 26 November 2023)

Key Points

Table 1: Current Epi-summary for week 47, 2023

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
36	8	22.2%	7	7

Table 2: Cumulative suspected cases (Epi week 1 - 47, 2023)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
3631	124	3.4%	28	160

Months	Epi-Weeks	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	572	21	3.7%	14	44
February	5 - 9	1097	31	2.8%	14	54
March	10 - 13	320	2	0.6%	14	41
April	14 - 17	159	6	3.7%	10	29
May	18 - 21	180	2	1.1%	11	26
June	22 - 26	240	8	3.3%	13	29
July	27 - 30	184	12	6.5%	12	35
August	31 - 34	205	10	4.8%	8	22
September	35 - 39	374	12	3.1%	12	30
October	40 - 43	197	7	3.6%	5	11
November	44 - 47	103	13	12.6%	10	10

Table 3: Summary of monthly reported cases (Epi week 1 - 47, 2023)

	Week	Week	
	1	47	
Summary	2022	2023	% Change
Suspected Cases	23,550	3,631	-85%
Deaths	583	124	-79%
CFR	2.5%	3.4%	38%

Table 4: Comparison of cumulative cases as at week 47, 2022 and 2023

Week 47 Highlight

- 36 new cases were reported, 8 deaths with CFR = 22.2%
- 7 States Bayelsa (1) Delta (6), kano (2), Katsina (1), Kebbi (11), Niger (11) and Ogun (4) reported cases of Cholera within the Epidemiological week

In the reporting month,

- 10 States have reported 103 suspected cases of Cholera, Niger (34), Kebbi (23), Katsina (16), Delta (12), Ogun (7), Adamawa (4), Kano (3), Bayelsa (2) and both Osun and Oyo reported (1) case each
- 13 Deaths were recorded with CFR = 12.6%
- 2 Rapid Diagnostic Tests (RDT) were conducted with 2 positive results (Bayelsa – 2)
- 25 stool culture tests were conducted with 1 positive result - Osun
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary for 2023

- As of **26th November 2023**, a total of **3,631 suspected cases including 124 deaths (CFR 3.4%)** have been reported from 28 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, **51% are males and 49% are females**
- Zamfara (914 cases) accounts for 25% of all suspected cases in the country of the 28 States that have reported cases of cholera
- Obubra LGA (515 cases) in Cross River State accounts for 14% of all suspected cases reported in the country
- Other States; Cross River (718 cases), Katsina (343 cases), Bayelsa (319 cases), Ogun (288 cases), Ebonyi (227 cases) and Niger (195 cases) account for 58% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year have decreased by 85% compared to what was reported as at Epi-week 47 in 2022. Likewise, cumulative deaths recorded have decreased by 79% in 2023

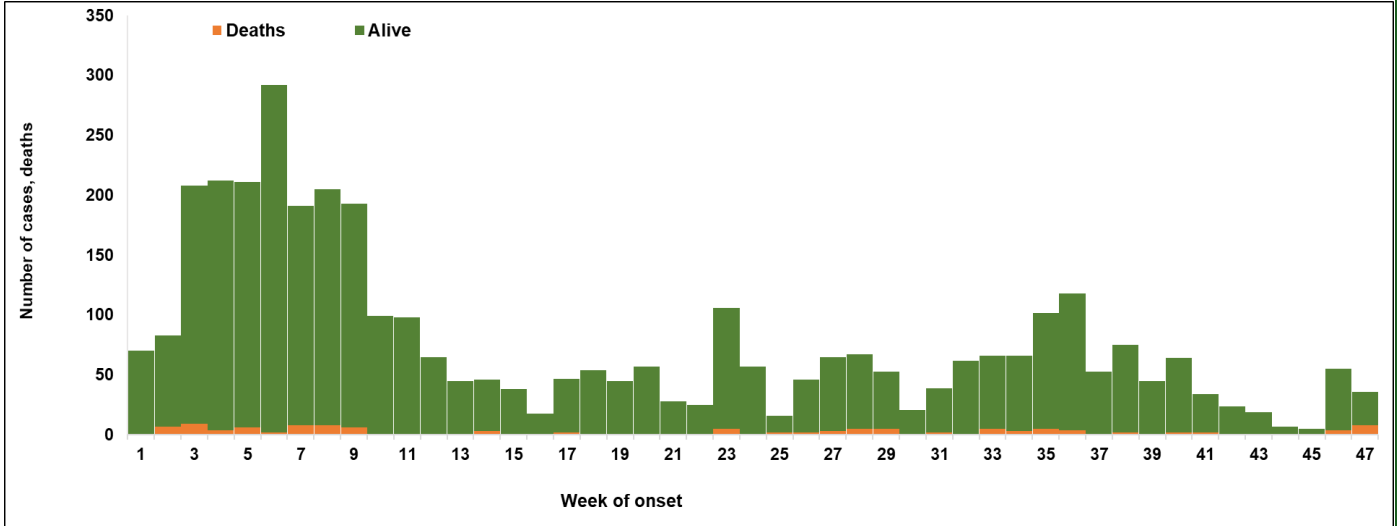


Figure 1: National Epidemic curve of weekly reported Cholera cases, week 1 to week 47, 2023

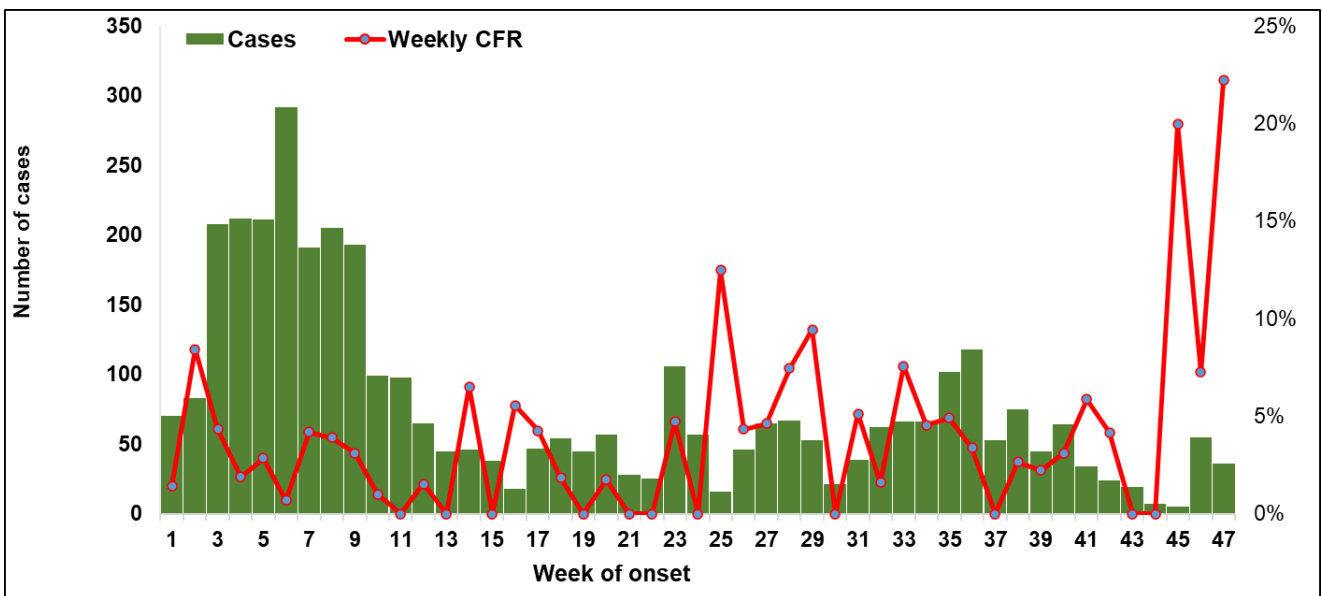


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 - 47, 2023, Nigeria

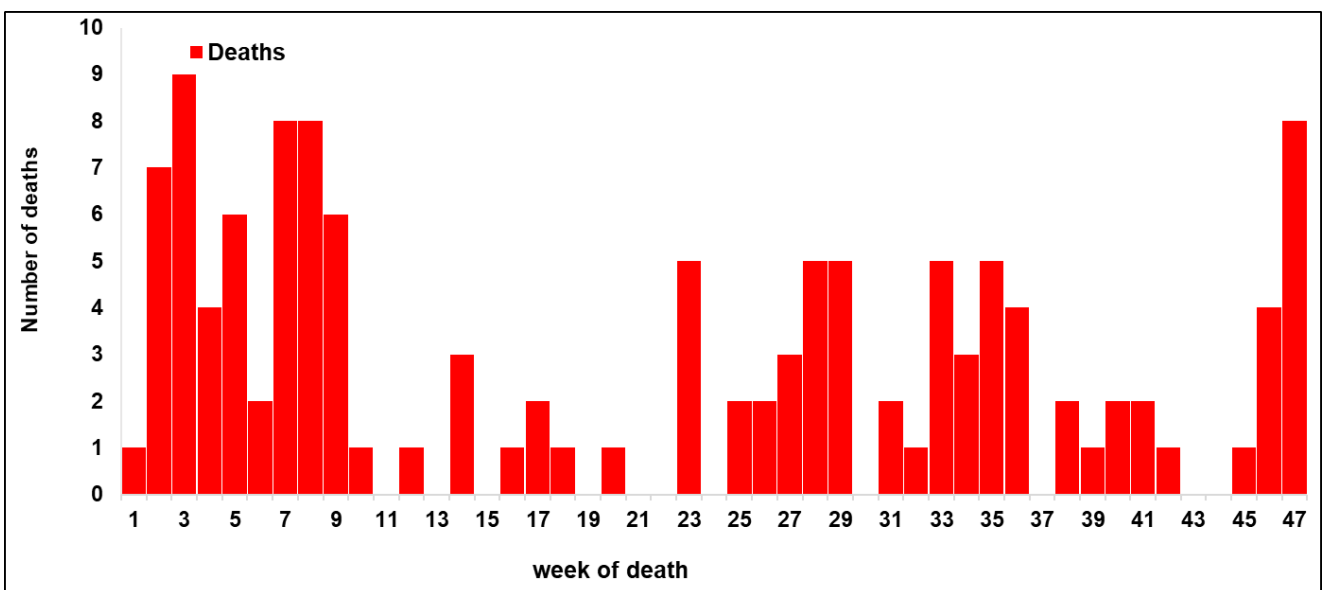


Figure 3: Trends in deaths, weeks 1 - 47, 2023, Nigeria

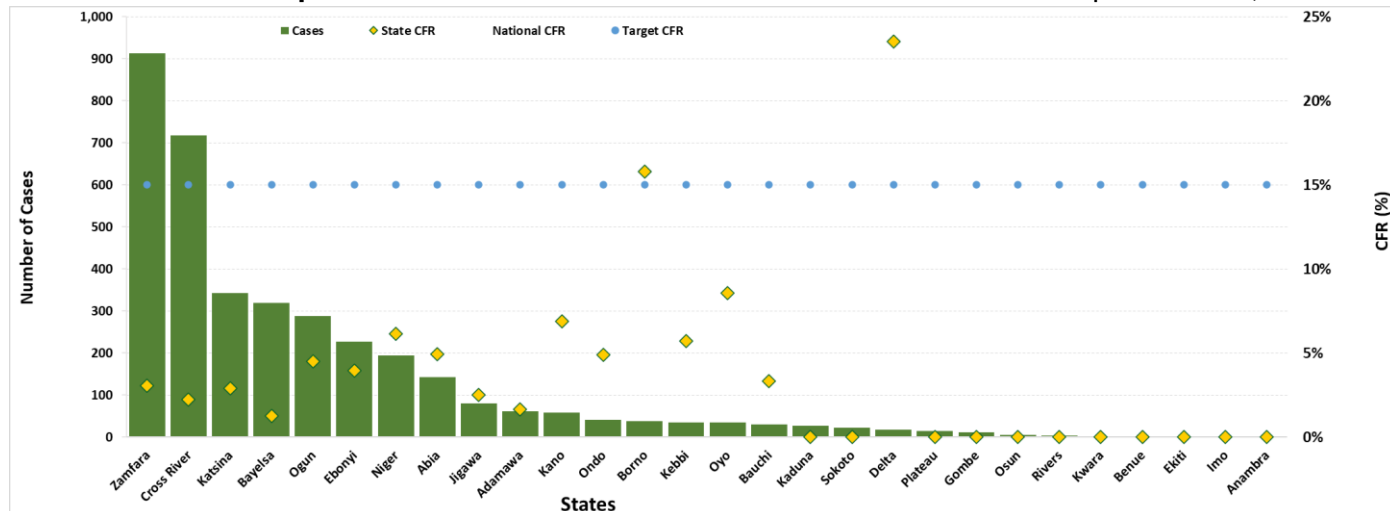


Figure 4: States' Cholera cases by Case Fatality Ratio (CFR) Epi-weeks 1 - 47, 2023

Table 5: Top 9 states in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Zamfara	914	25%	25%
2	Cross River	718	20%	45%
3	Katsina	343	9%	54%
4	Bayelsa	319	9%	63%
5	Ogun	288	8%	71%
6	Ebonyi	227	6%	77%
7	Niger	195	5%	83%
8	Jigawa	80	2%	89%
9	Adamawa	61	2%	90%
Total		3286	90%	

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

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Obubra	Cross River	515	14%	14%
2	Gusau	Zamfara	371	10%	24%
3	Ijebu North	Ogun	273	8%	32%
4	Bungudu	Zamfara	192	5%	37%
5	Ikwo	Ebonyi	146	4%	41%
6	Abi	Cross River	80	2%	43%
7	Yenagoa	Bayelsa	76	2%	46%
8	Umuahia North	Abia	71	2%	50%
9	Sabuwa	Katsina	68	2%	51%
10	Talata Mafara	Zamfara	65	2%	53%
11	Mokwa	Niger	62	2%	55%
12	Bakura	Zamfara	58	2%	57%
13	Maradun	Zamfara	53	1%	58%
14	Nembe	Bayelsa	50	1%	59%
Total			2156	59%	

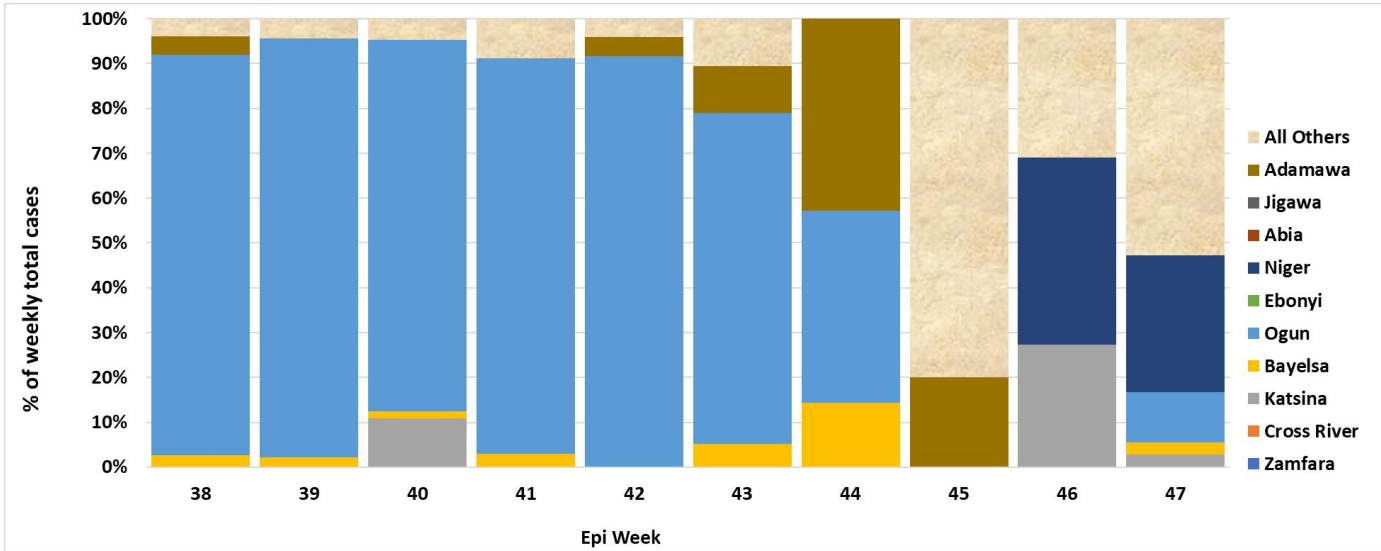


Figure 5: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

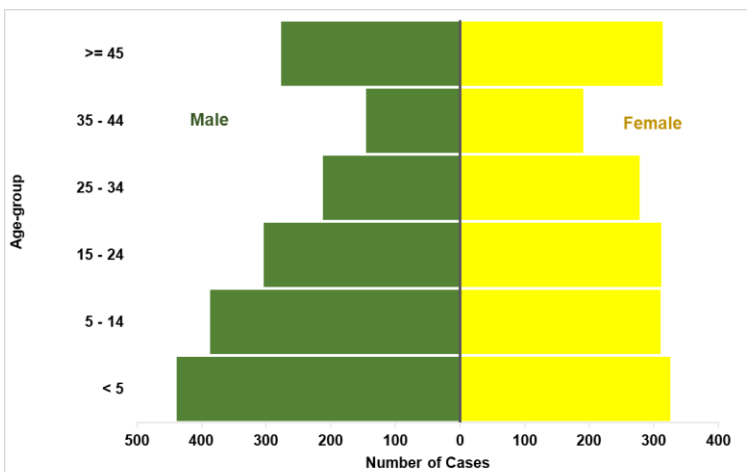


Figure 6. Age-Sex Pyramid for cumulative Cholera Cases, week 1-47 , 2023: N=3,629

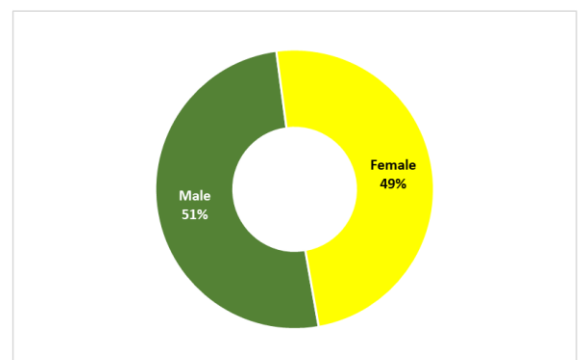


Figure 7. Sex disaggregation for cumulative Cholera cases, week 1-47 , 2023: N=3,629

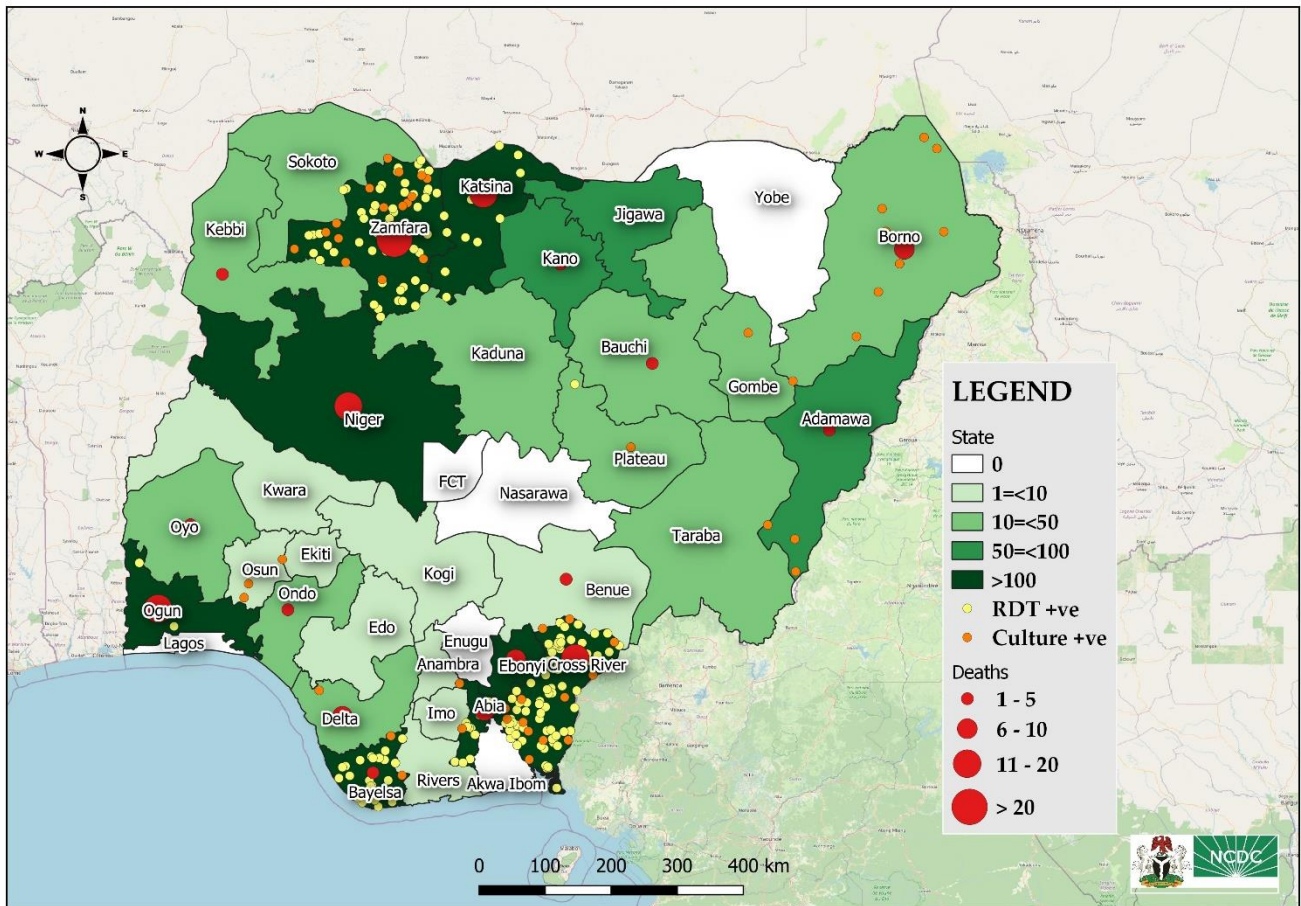


Fig. 8: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 47, 2023

Table 7. Summary table for Weekly & Cumulative number of Cholera Cases, for 2023

States Reporting cases in 2023	State outbreak status*	Current week: (Week 47)					Cumulative (Week 1 - 47)					
		Cases		Deaths		Tests		Cases	Deaths	CFR	Tests	
		Cases	% change	Deaths	% change	RDT (%Pos)	Culture (%pos)				RDT (%Pos)	Culture (%pos)
1 Zamfara							913	28	3.1%	102 (59%)	59 (29%)	
2 Cross River							718	16	2.2%	227 (34%)	63 (19%)	
3 Katsina	Active	1	▼ 93%				343	10	2.9%	30 (33%)	46 (0%)	
4 Bayelsa	Active	1	▲ 100%			1 (100%)	319	4	1.3%	111 (22%)	24 (8%)	
5 Ogun	Active	4	▲ 100%				288	13	4.5%	3 (67%)	5 (0%)	
6 Ebonyi							227	9	4.0%		5 (0%)	
7 Niger	Active	11	▼ 52%	5	▲ 67%		195	12	6.2%		64 (0%)	
8 Abia							142	7	4.9%	55 (24%)	11 (27%)	
9 Jigawa							80	2	2.5%	1 (0%)	38 (0%)	
10 Adamawa	Active						61	1	1.6%		25 (12%)	
11 Kano	Active	2	▲ 100%				58	4	6.9%			
12 Ondo							41	2	4.9%	11 (0%)	8 (0%)	
13 Borno							38	6	15.8%		17 (47%)	
14 Kebbi	Active	11	▼ 8%	1		11 (0%)	35	2	5.7%	1 (0%)	24 (0%)	
15 Oyo	Active		▼ 100%				35	3	8.6%		8 (0%)	
16 Bauchi							30	1	3.3%		5 (0%)	
17 Kaduna							27	-	0.0%		5 (0%)	
18 Sokoto							22	-	0.0%		13 (0%)	
19 Delta	Active	6	▲ 50%	2	▲ 100%		17	4	23.5%		2 (50%)	
20 Plateau							15	-	0.0%	1 (100%)	1 (100%)	
21 Gombe							11	-	0.0%		3 (33%)	
22 Osun	Active						5	-	0.0%		4 (75%)	
23 Rivers							4	-	0.0%		1 (0%)	
24 Kwara							2	-	0.0%			
25 Benue							2	-	0.0%		2 (0%)	
26 Ekiti							1	-	0.0%		1 (0%)	
27 Imo							1	-	0.0%		1 (0%)	
28 Anambra							1	-	0.0%			
National	10	36	▼ 35%	8	▲ 100%	1 (100%)	3,631	124	3.4%	547 (34%)	430 (12%)	

Table 7: 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 	<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) 	<ul style="list-style-type: none"> Continue data collation and harmonisation Ongoing cholera surveillance evaluation across states

	<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 guideline, treatment protocol and SOP harmonization 	<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"> • 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 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

		<ul style="list-style-type: none"> Continued follow-up with states for update on risk communication
State Response	Multi-sectoral State-level Emergency Operation Centres (EOCs) activated in Cross River 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 practice in most cholera affected communities
- Inadequate health facility infrastructure and cholera commodities for management of patients (Ringer's lactate and ORS)
- Inadequate trained personnel in states for case management
- Poor and inconsistent reporting from states

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
- 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.

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 26th NOVEMBER 2023