

Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 03

Epidemiological week 10-13: (March 27 - 02 April 2023)

Key Points

Table 1: Summary of current week (Epi week 13, 2023)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
3	0	0.0%	2	2

Table 2: Summary of monthly reported cases (Epi week 1- 13)

Months	Epi- Week	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	515	64	12.4%	12	28
February	5 - 9	723	10	1.6%	6	14
March	10 - 13	98	3	3.1%	5	12

Table 3: Cumulative summary from Epi week 1 - 13, 2023

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
1336	79	5.9%	12	43

Week 13 Highlights

- Twelve states have reported suspected cholera cases in 2023. These are Abia, Bauchi, Bayelsa, Cross River, Ebonyi, Kano, Katsina, Niger, Ondo, Osun, Sokoto and Zamfara
- In the reporting month, 5 states reported 98 suspected cases – Bayelsa (21), Cross River (61), Ebonyi (2), Katsina (1), and Zamfara (13)

In the reporting week, Bayelsa (1), and Zamfara (2):

- No Rapid Diagnostic Test (RDT) was conducted.
- No stool culture test was conducted.
- Of the cases reported, there was no death with a weekly case fatality ratio (CFR) of 0%
- National multi-sectoral Cholera TWG continues to monitor response across states.

Cumulative Epi-Summary

- As of **2nd April 2023**, a total of **1336 suspected cases including 79 deaths (CFR 5.9%)** have been reported from 12 states
- Of the suspected cases since the beginning of the year, **age groups 15-24 and >45 years** is the most affected age groups for males and females respectively
- Of all suspected cases, **53% are males and 47% are females**
- Six states – Cross River (647 cases), Ebonyi (97 cases), Abia (72 cases), Niger (38 cases), and Zamfara (28 cases) account for 96% of all cumulative cases
- Fifteen LGAs across nine states Ebonyi (4), Cross River (3), Ondo (2), Bayelsa (1), Abia (1), Katsina (1), Sokoto (1) Niger (1) and Zamfara (1), reported more than 5 cases each this year



Figure 1: National Epidemic curve of weekly reported Cholera cases, week 1 to week 13, 2023

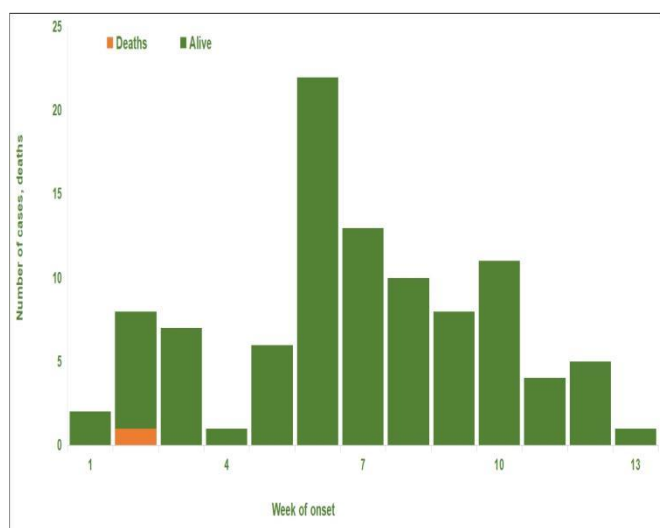


Fig 2: Bayelsa epidemic curve, week 1 to week 13, 2023

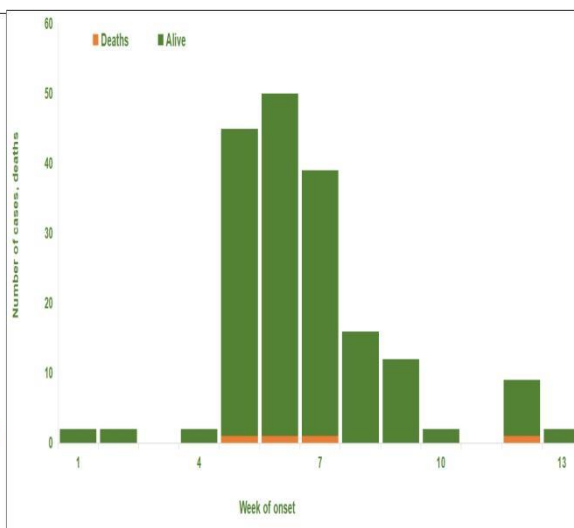


Fig 3: Zamfara epidemic curve, week 1 to week 13, 2023

Table 4: Top 10 states in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Cross River	709	53%	53%
2	Ebonyi	183	14%	67%
3	Zamfara	181	14%	80%
4	Bayelsa	98	7%	88%
5	Abia	72	5%	93%
6	Niger	38	3%	96%
7	Katsina	36	3%	99%
8	Ondo	10	1%	100%
9	Kano	3	0%	100%
10	Sokoto	3	0%	100%
Total		1333	100%	

Table 5: Top 15 Local Government Areas (LGAs) in cumulative cases

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Obubra	Cross River	512	38%	38%
2	Gusau	Zamfara	180	13%	52%
3	Ikwo	Ebonyi	146	11%	63%
4	Abi	Cross River	80	6%	69%
5	Umuahia North	Abia	61	5%	73%
6	Southern Ijaw	Bayelsa	53	4%	77%
7	Ikom	Cross River	43	3%	80%
9	Etung	Cross River	30	2%	86%
10	Ekeremor	Bayelsa	21	2%	87%
11	Afikpo North	Ebonyi	19	1%	89%
12	Kankara	Katsina	18	1%	90%
13	Calabar Municipal	Cross River	15	1%	91%
14	Biase	Cross River	14	1%	92%
15	Akamkpa	Cross River	12	1%	93%
Total			1242	93%	

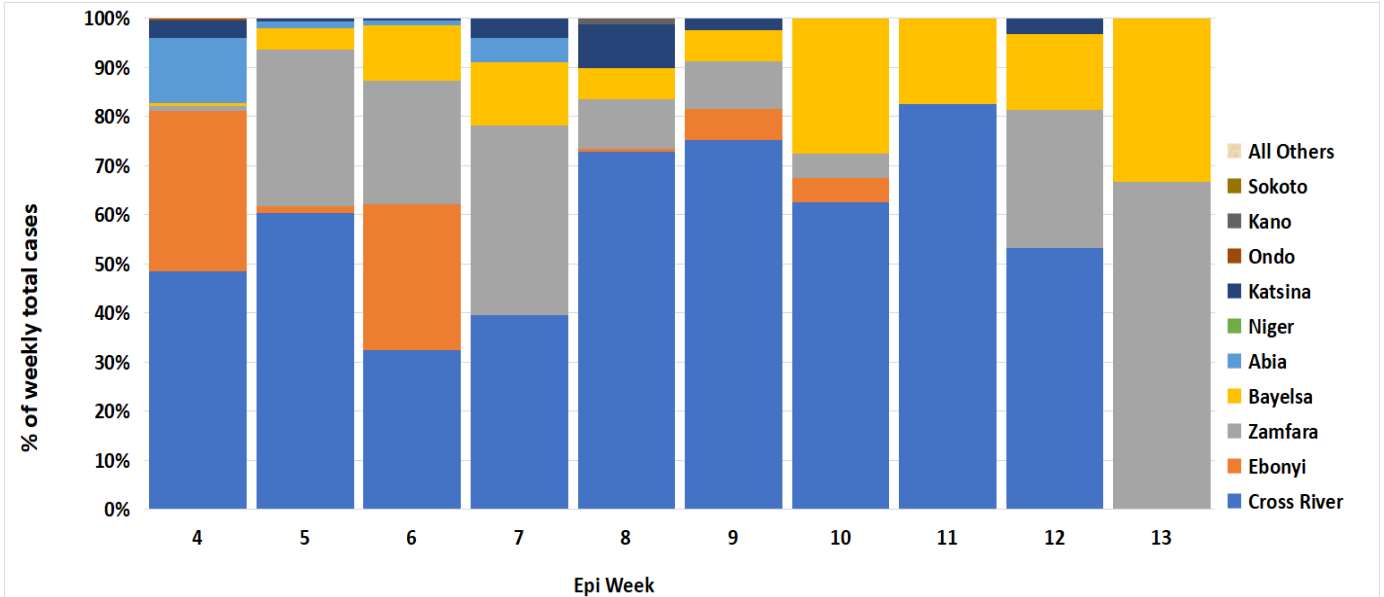


Figure 4: Proportion contribution of cases by states in recent 10 weeks

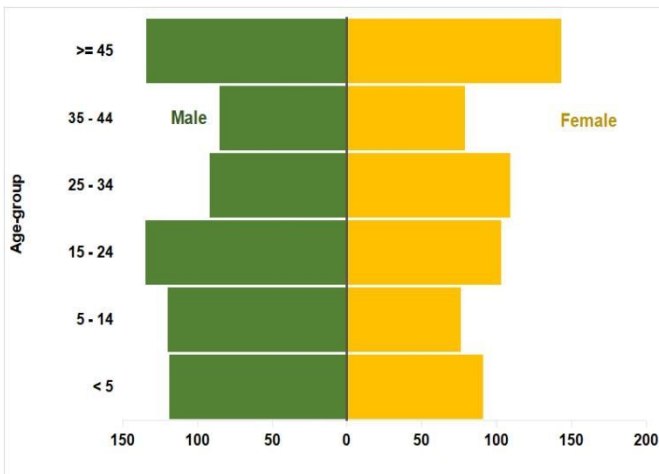


Figure 5: Age-Sex Pyramid for cumulative Cholera Cases, 1-13, 2023: N=1336

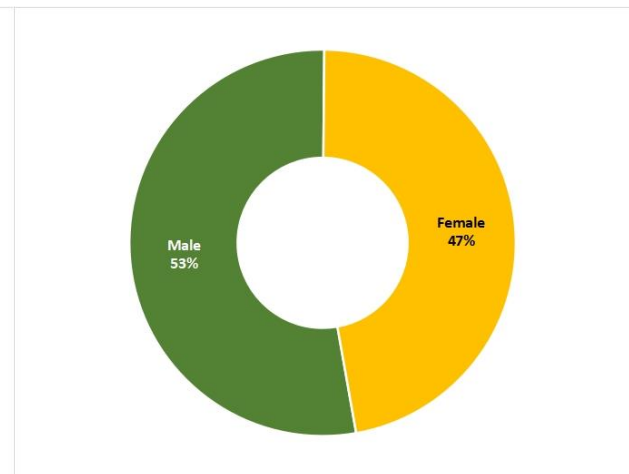


Figure 6: Sex disaggregation for cumulative Cholera cases, Week 1-13, 2023: N=1336

Figure 7: Age – Sex Pyramid and Sex Aggregation for cholera cases week 1- 13, 2023.

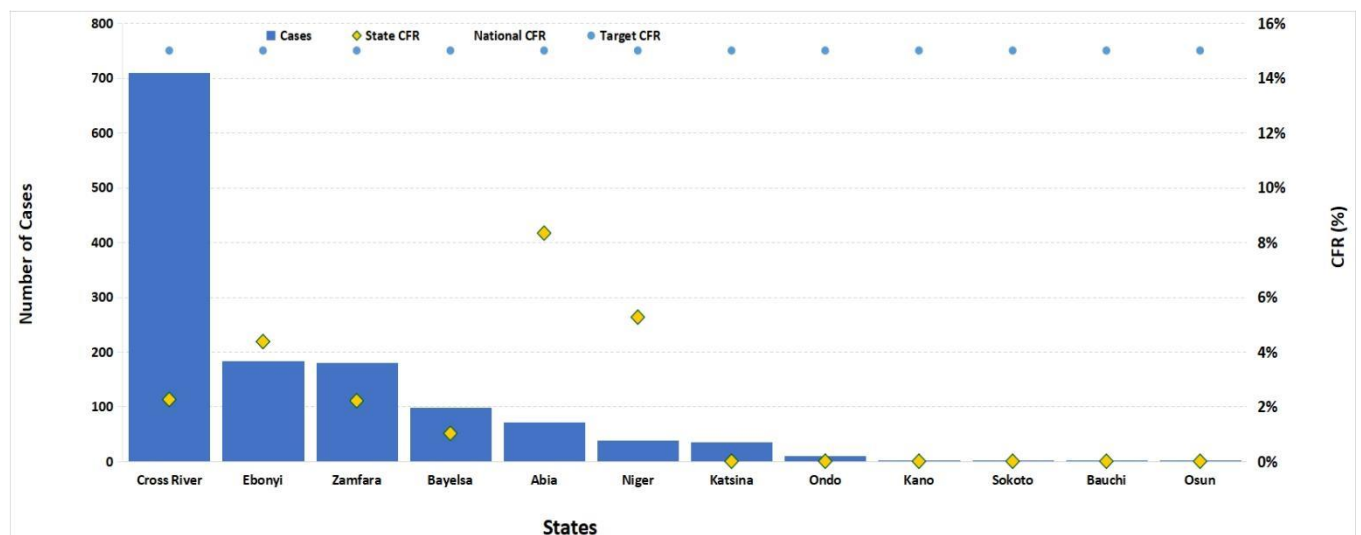


Figure 7: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1 - 13, 2023

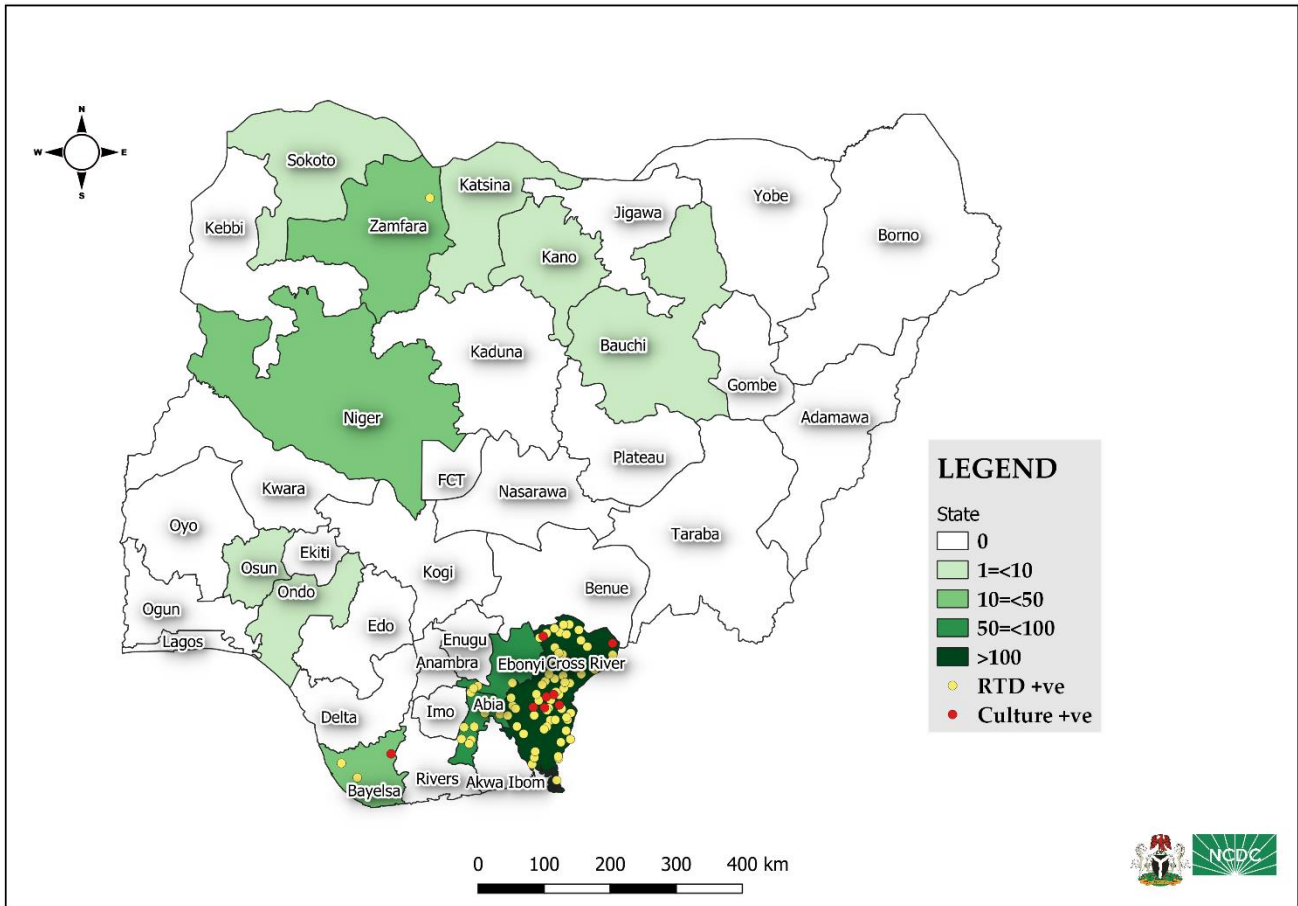


Figure 8: Map of Nigeria showing states with RDT + Culture and suspected cases, week 1 - 13, 2023

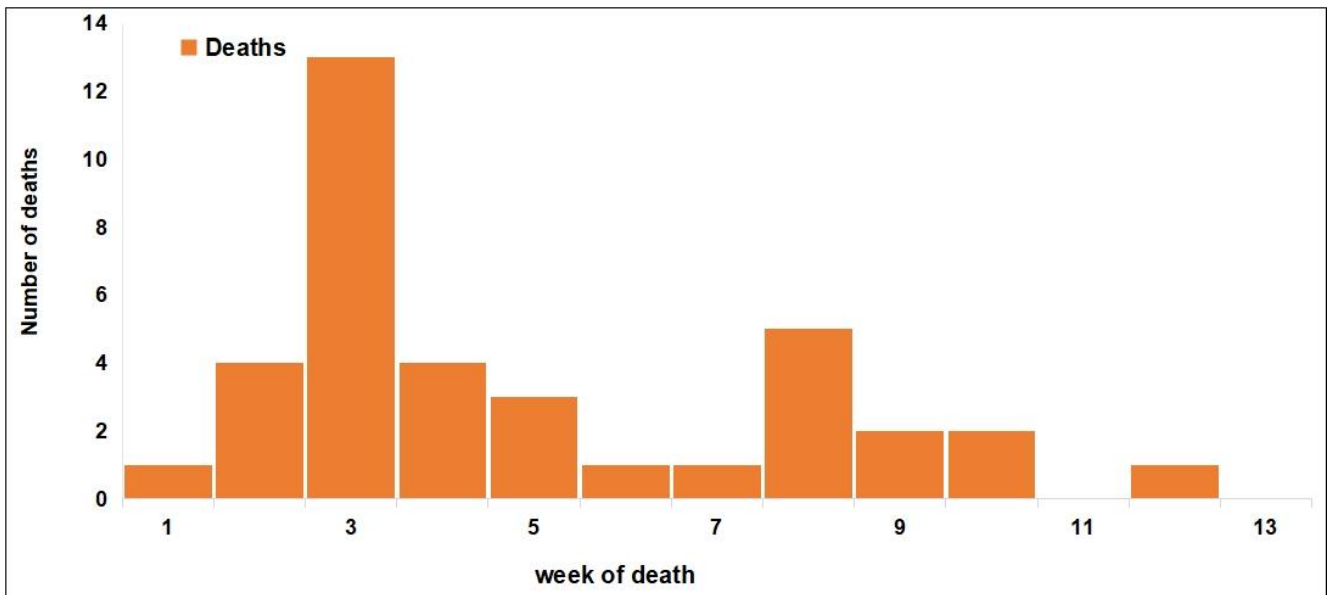


Figure 9: Trends in deaths, week 1 - 13, 2023, Nigeria

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) • Providing offsite/onsite support to states and follow up for daily reporting and progress with response activities 	<ul style="list-style-type: none"> • Continue data collation and harmonisation • Planned 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 	<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"> • Planned sub-national level training of Laboratory Scientists on sample collection and analysis • Planned 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 Continued follow-up with states for update on risk communication
State Response	Multi-sectoral State-level Emergency Operation Centres (EOCs) activated in Cross River and Ebonyi States	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
- Planned 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 2nd April, 2023