



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 06

Epidemiological week 22-26: (29 May 2023 - 02 July 2023)

Key Points

Table 1: Current Epi-summary for week 26, 2023

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
26	2	7.7%	3	4

Table 2: Cumulative suspected cases (Epi week 1 - 26, 2023)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
2052	55	2.7%	24	96

Months	Epi- Weeks	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	569	21	3.7%	14	44
February	5 - 9	926	27	2.9%	15	52
March	10 - 13	258	2	0.8%	12	34
April	14 - 17	101	2	2.0%	10	23
May	18 - 21	109	1	0.9%	9	14
June	22 - 26	89	2	2.2%	8	15

Table 3: Summary of monthly reported cases (Epi week 1 - 26, 2023)

Week 26 Highlight

- 26 new cases were reported with 2 deaths
- 3 States Niger (10), Jigawa (10) and Katsina (6) reported cases of Cholera within the Epidemiological week

In the reporting month,

- 8 States have reported 89 suspected cases of Cholera, Katsina (53), Jigawa (10), Niger (10), Ondo (7), Borno (5), Adamawa (2) and one (1) in both Bayelsa and Plateau States.
- 2 Deaths were recorded.
- 4 Rapid Diagnostic Tests (RDT) were conducted with 1 positive result
- 26 stool culture tests were conducted with no positive
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary for 2023

- As of **02 July 2023**, a total of **2,052 suspected cases including 55 deaths (CFR 2.7%)** have been reported from 24 states
- Of the suspected cases since the beginning of the year, age groups **<5 years** are mostly affected, followed by the age groups **>45 years** in aggregate of both males and females
- Of all suspected cases, **51% are males and 49% are females**
- Cross River (718 cases) accounts for 25% of all suspected cases in the country of the 24 States that have reported cases of cholera
- Obubra LGA (515 cases) in Cross River State accounts for 25% of all suspected cases reported in the country.
- Other States; Katsina (288 cases), Ebonyi (227 cases), Zamfara (216 cases), Bayelsa (205 cases), Abia (118 cases) and Niger (114 cases) account for 57% of the suspected cases this year

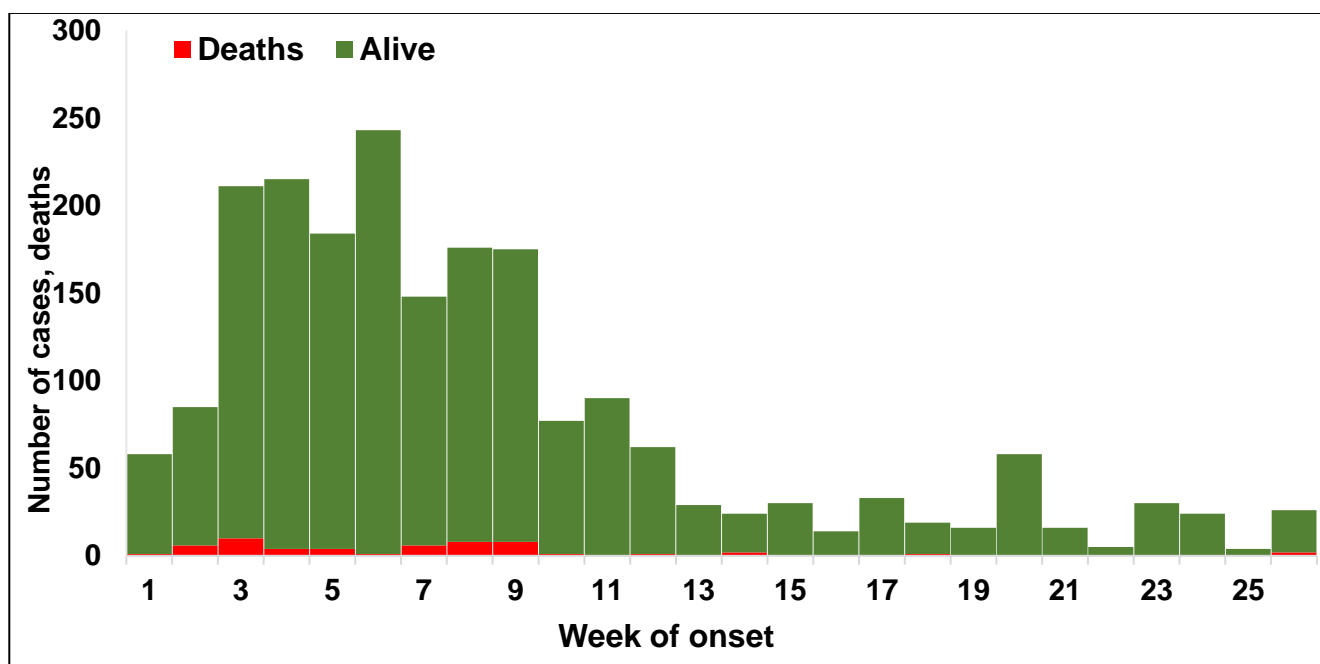


Figure 1: National Epidemic curve of weekly reported Cholera cases, week 1 to week 26, 2023

Epidemiological curves for states on trending increase as at week 26, 2023

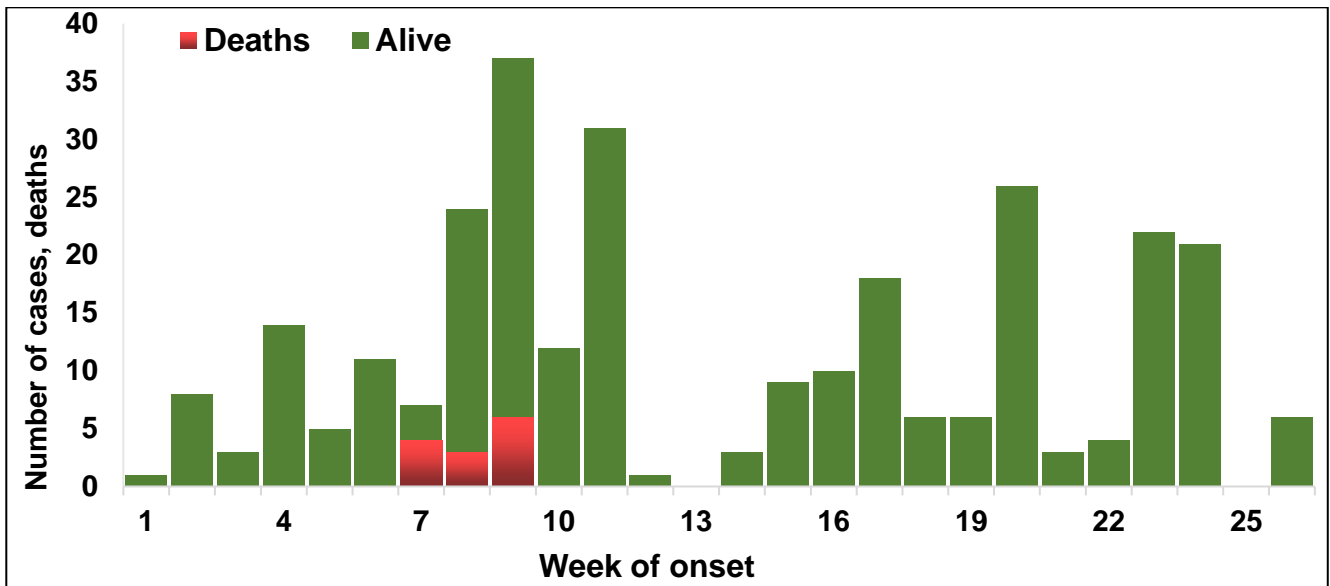


Figure 2: Katsina State Epidemiologic Curve weeks 1 - 26, 2023, Nigeria

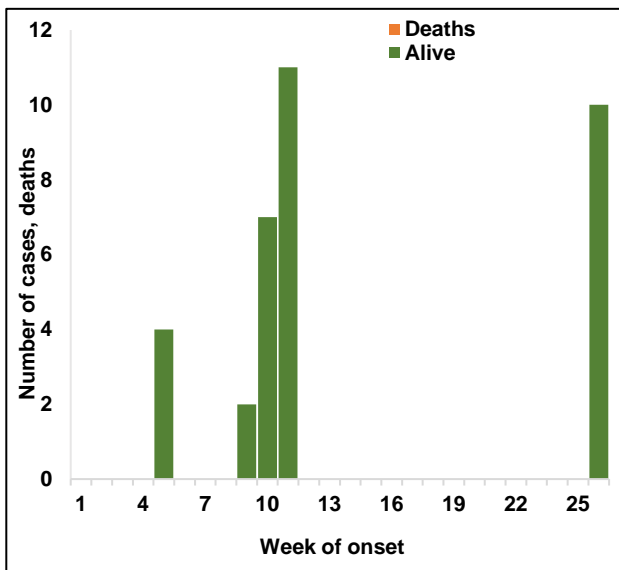


Fig 3: Jigawa State Epi-curve Weeks 1 - 26, 2023.

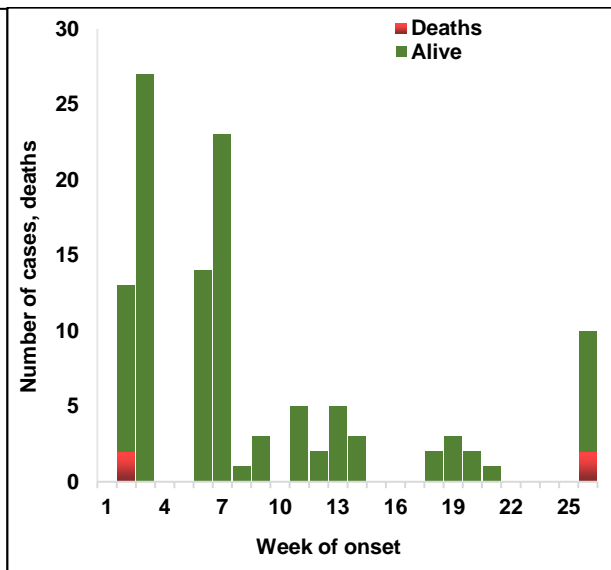


Fig 4: Niger State Epi-curve Weeks 1-26, 2023

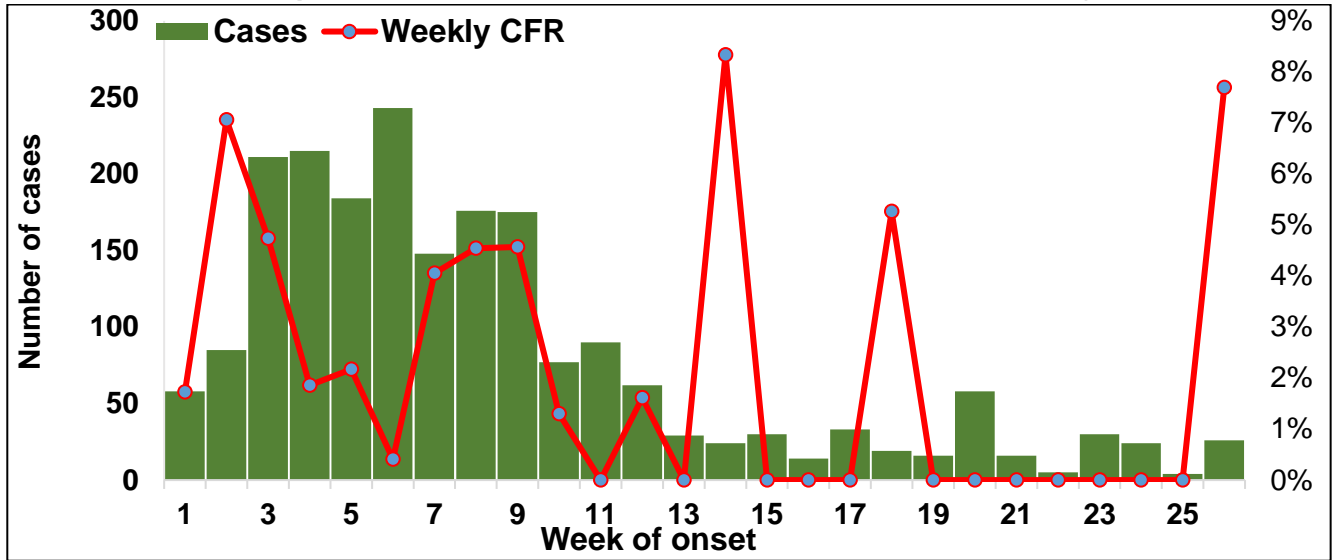


Figure 5: Trends in Case Fatality Ratio (CFR), Epi weeks 1 - 26, 2023, Nigeria

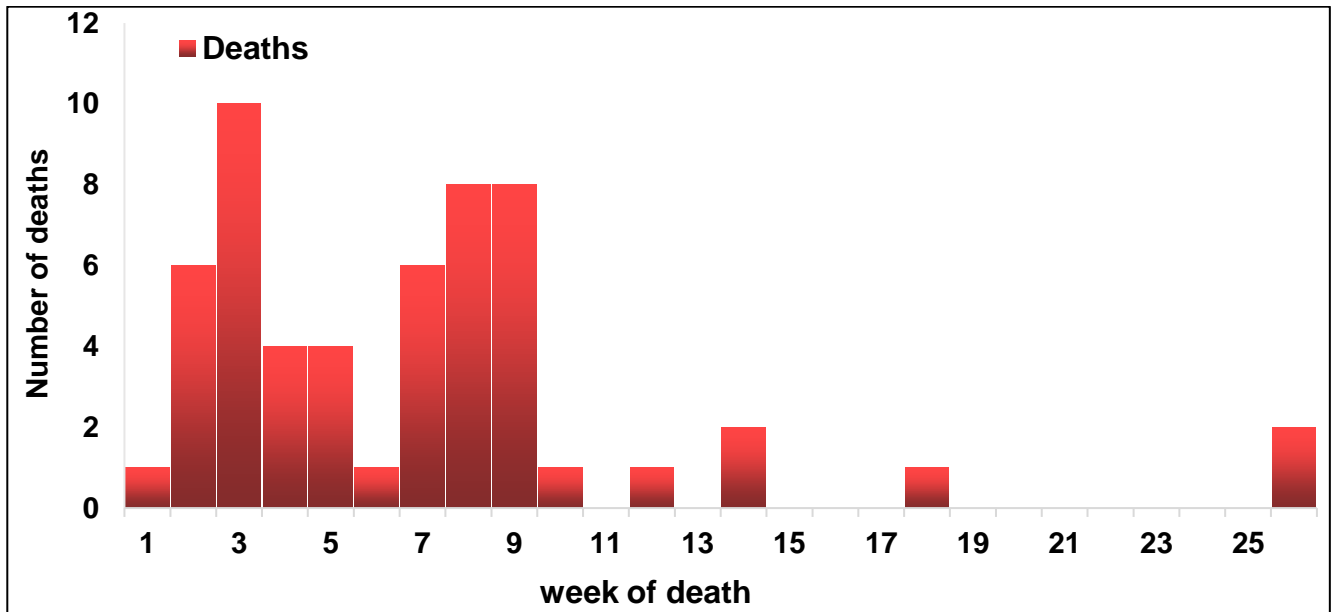


Figure 6: Trends in deaths, weeks 1 - 26, 2023, Nigeria

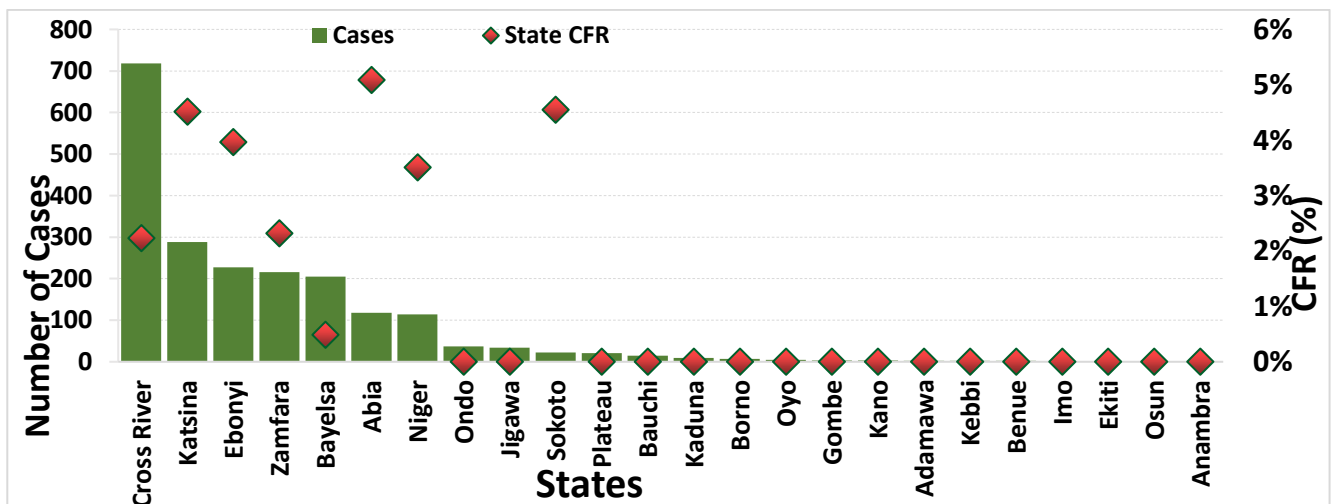


Figure 7: States' Cholera cases by Case fatality ratio (CFR) Epi-weeks 1 - 26, 2023

Table 4: Top 10 states in cumulative cases

No	State	Suspected Cases	% Suspected cases	Cumulative % of suspected cases
1	Cross River	718	35%	35%
2	Katsina	288	14%	49%
3	Ebonyi	227	11%	60%
4	Zamfara	216	11%	71%
5	Bayelsa	205	10%	81%
6	Abia	118	6%	87%
7	Niger	114	6%	93%
8	Ondo	37	2%	95%
9	Jigawa	34	2%	97%
10	Sokoto	22	1%	98%
Total		1979	98%	

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

S/No	LGA	State	Suspected Cases	% of Suspected cases	Cumulative % of Suspected Cases
1	Obubra	Cross River	515	25%	25%
2	Gusau	Zamfara	175	9%	34%
3	Ikwo	Ebonyi	146	7%	41%
4	Abi	Cross River	80	4%	45%
5	Southern Ijaw	Bayelsa	72	4%	49%
6	Yenagoa	Bayelsa	69	3%	52%
7	Umuahia North	Abia	69	3%	55%
8	Ikom	Cross River	44	2%	57%
9	Mokwa	Niger	38	2%	59%
10	Funtua	Katsina	37	2%	61%
11	Afikpo North	Ebonyi	35	2%	63%
12	Sabuwa	Katsina	34	2%	65%
13	Bungudu	Zamfara	33	2%	67%
14	Kaita	Katsina	31	2%	69%
15	Batsari	Katsina	30	1%	70%
Total			1408	70%	

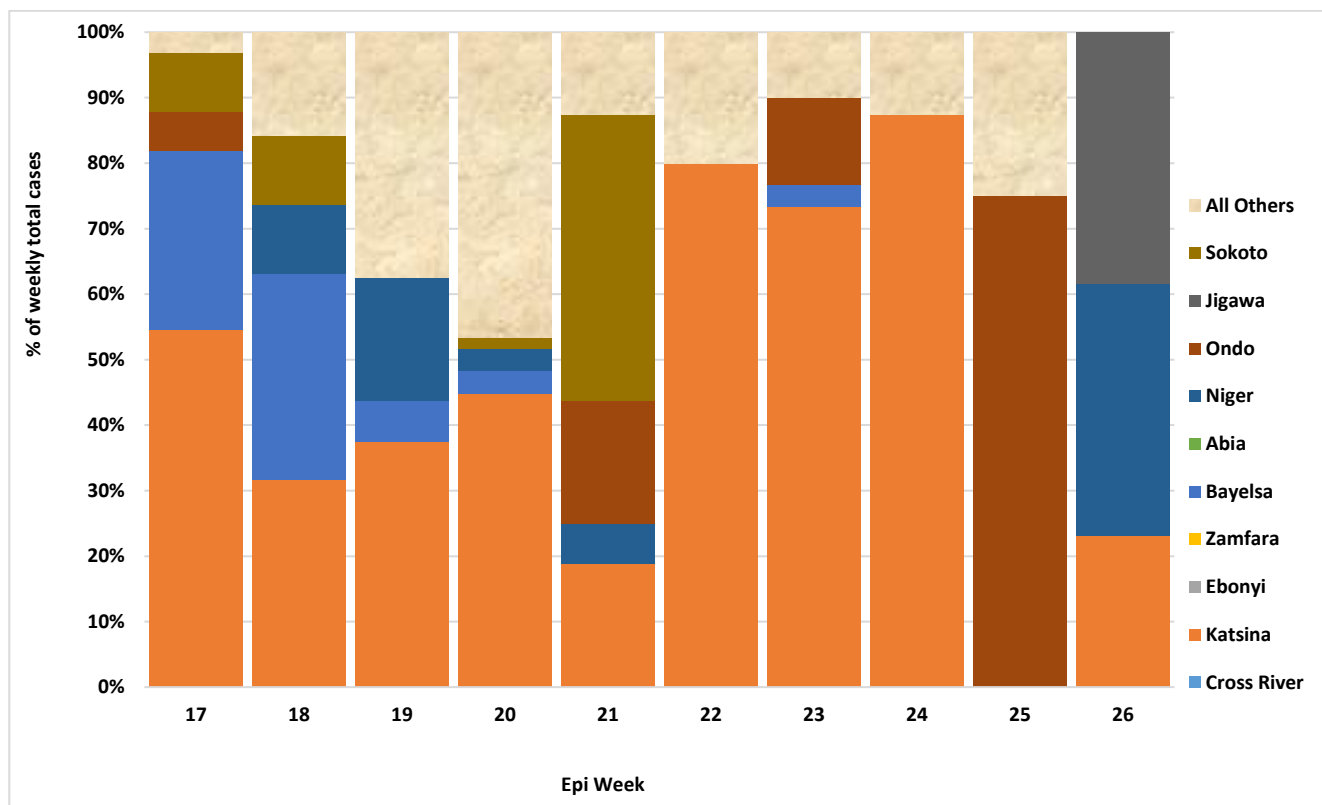


Figure 8: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

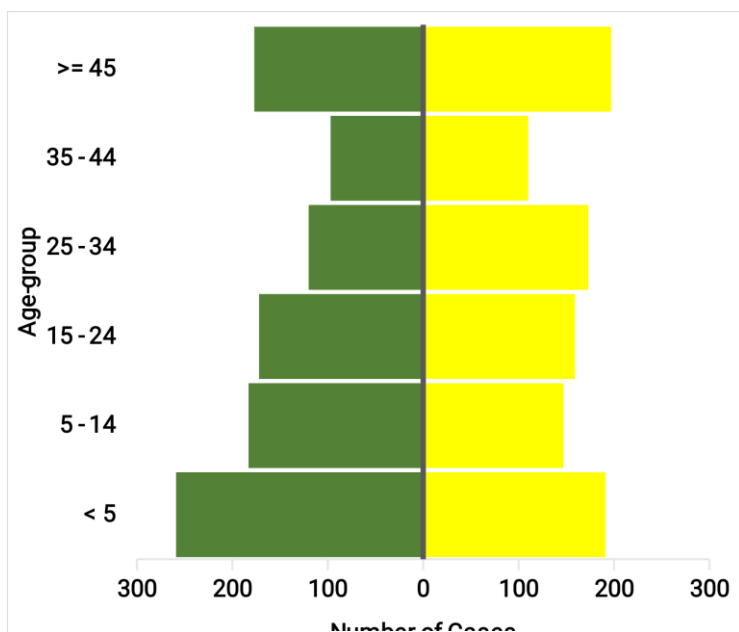


Figure 9: Age-Sex pyramid for cumulative cholera cases week 1-26, N=2,052

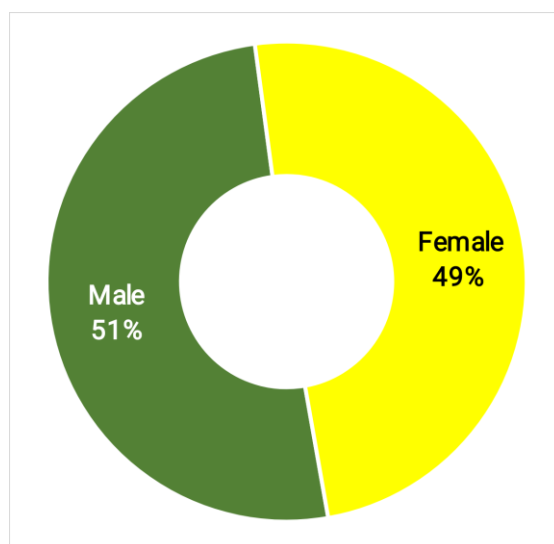


Figure 10: Sex disaggregation for cumulative cholera cases week 1-26, N=2,052

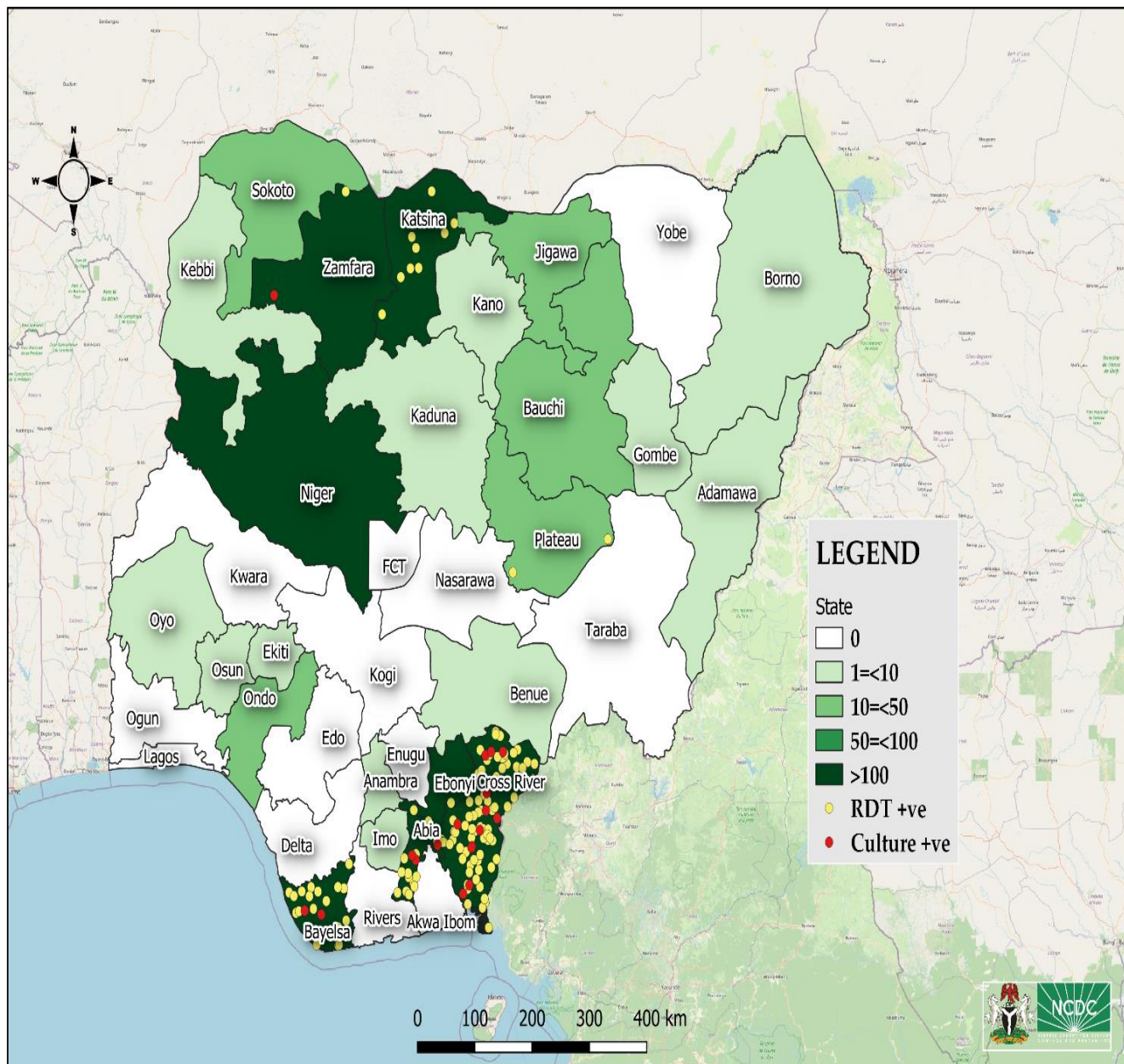


Fig. 11: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 26, 2023

Table 6. Summary table for Weekly & Cumulative number of Cholera Cases, for 2023

	States	Current week: (Week 26)					Cumulative (Week 1 - 26)						
	Reporting cases in 2023	State outbreak status*	Cases		Deaths		Tests		Cases	Deaths	CFR	Tests	
			Cases	% change	Deaths	% change	RDT (%Pos)	Culture (%pos)				RDT (%Pos)	Culture (%pos)
1	Cross River								718	16	2.2%	227 (34%)	63 (19%)
2	Katsina	Active	6	▲ 100%					288	13	4.5%	33 (30%)	44 (0%)
3	Ebonyi								227	9	4.0%	5 (0%)	
4	Zamfara								216	5	2.3%	5 (20%)	2 (50%)
5	Bayelsa								205	1	0.5%	44 (41%)	18 (11%)
6	Abia								118	6	5.1%	56 (25%)	3 (100%)
7	Niger	Active	10	▲ 100%	2	▲ 100%		10 (0%)	114	4	3.5%	6 (0%)	39 (0%)
8	Ondo	Active		▼ 100%					37	-	0.0%	11 (0%)	5 (0%)
9	Jigawa	Active	10	▲ 100%				10 (0%)	34	-	0.0%		10 (0%)
10	Sokoto								22	1	4.5%		13 (0%)
11	Plateau								21	-	0.0%	2 (100%)	
12	Bauchi								15	-	0.0%		2 (0%)
13	Kaduna								9	-	0.0%		2 (0%)
14	Borno	Active		▼ 100%					7	-	0.0%		2 (0%)
15	Oyo								5	-	0.0%		
16	Gombe								3	-	0.0%		1 (100%)
17	Kano								3	-	0.0%		
18	Adamawa								2	-	0.0%	2 (0%)	
19	Kebbi								2	-	0.0%	1 (0%)	
20	Benue								2	-	0.0%		2 (0%)
21	Imo								1	-	0.0%		1 (0%)
22	Ekiti								1	-	0.0%		1 (0%)
23	Osun								1	-	0.0%		
24	Anambra								1	-	0.0%		
	National	5	26	▲ 550%	2	▲ 100%		20 (0%)	2,052	55	2.7%	392 (31%)	208 (9%)

*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 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 harmonisation. 	<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.

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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 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.
- 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.

Erratum

- *A backlog of suspected cases from epi week 5 - 9 (3) was deducted.*
- *A backlog of suspected cases from epi week 10 - 13 (28) was added.*
- *A backlog of suspected cases from epi week 14 - 17 (9) was added.*
- *A backlog of suspected cases from epi week 14 - 17 (9) was added*
- *A backlog of suspected cases from epi week 18 - 21 (76) was added*

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 2nd July, 2023