

# Cholera Situation Report

## MONTHLY EPIDEMIOLOGICAL REPORT 02

### Epidemiological week 5 - 9: (30 January - 5 March 2023)

#### Key Points

**Table 1: Summary of current week (Epi week 9, 2023)**

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
101	2	2.0%	2	6

**Table 2: Summary of monthly reported cases (Epi week 1- 9)**

Months	Epi- Week	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	475	22	4.6%	12	28
February	5 - 9	447	10	2.2%	6	14

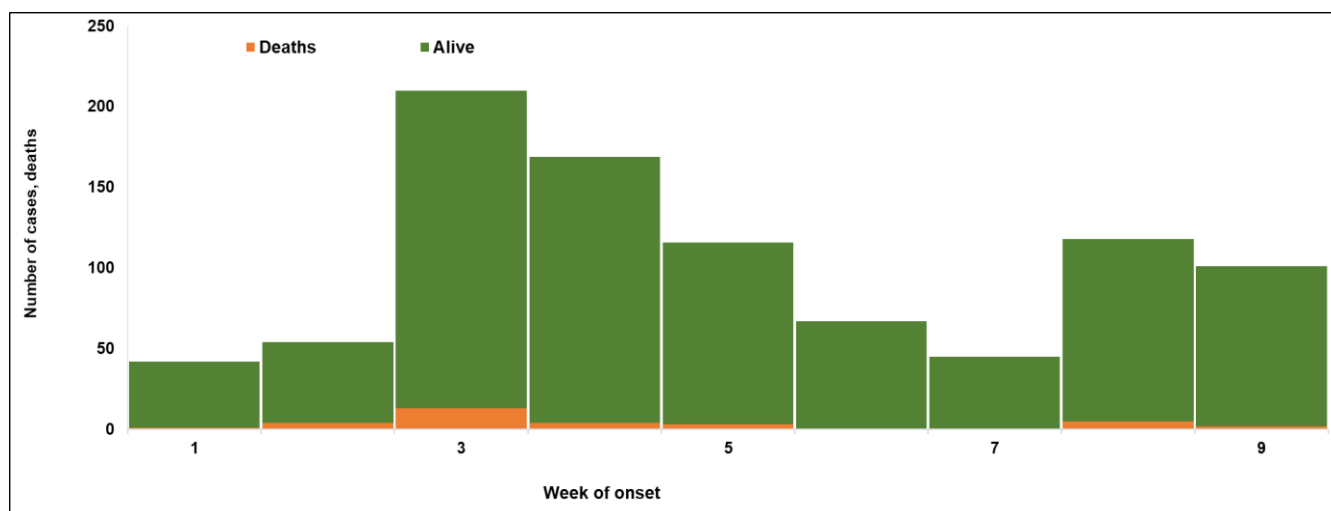
**Table 3: Cumulative summary from Epi week 1 - 9, 2023**

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
922	32	3.5%	12	32

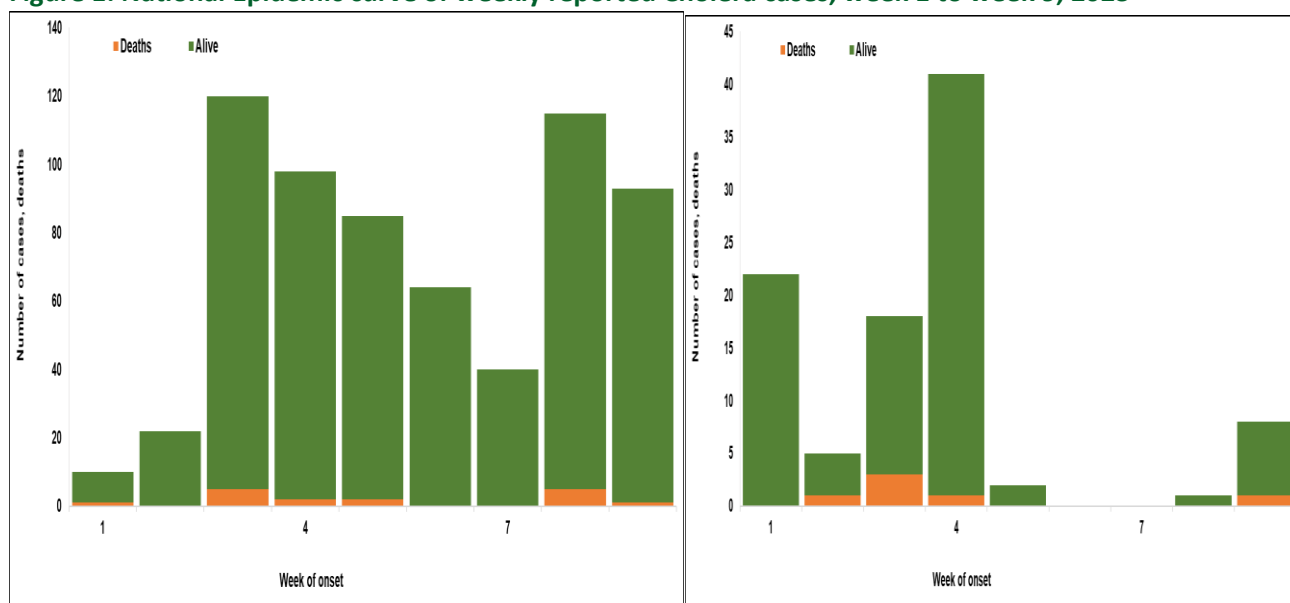
#### Week 9 Highlights

- Twelve states have reported suspected cholera cases in 2023. These are Abia, Bayelsa, Benue, Cross River, Ebonyi, Kano, Katsina, Niger, Ondo, Osun, Sokoto and Zamfara
- In the reporting month, 6 states reported 447 suspected cases – Cross River (397), Zamfara (25), Ebonyi (11), Abia (9), Bayelsa (3) and Kano (2)
- In the reporting week, Cross River (93), and Ebonyi (8) reported 101 suspected cases
- Cross River state account for 92% of 101 suspected cases reported in week 9
- During the reporting week, Rapid Diagnostic Test (RDT) was conducted in Cross River 14(36% positive)
- Four stool culture test was conducted in Cross River 4 (pending) in epi week 9
- Of the cases reported, there was 2 deaths with a weekly case fatality ratio (CFR) of 2.0%
- National multi-sectoral Cholera TWG continues to monitor response across states

- As of **5<sup>th</sup> March 2023**, a total of **922** suspected cases including **32** deaths (CFR 3.5%) have been reported from 12 states
- Of the suspected cases since the beginning of the year, **age group >45 years** is the most affected age group for male and female
- Of all suspected cases, **54% are males and 46% 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 9, 2023**



**Fig 2: Cross River epidemic curve, week 1 to week 9, 2023**

**Fig 3: Ebonyi epidemic curve, week 1 to week 9, 2023**

**Table 4: Top 10 states in cumulative cases**

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Cross River	647	70%	70%
2	Ebonyi	97	11%	81%
3	Abia	72	8%	89%
4	Niger	38	4%	93%
5	Zamfara	28	3%	96%
6	Bayelsa	16	2%	97%
7	Ondo	10	1%	98%
8	Katsina	5	1%	100%
9	Kano	3	0%	100%
10	Sokoto	3	0%	100%
Total		921	100%	

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

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Obubra	Cross River	459	50%	50%
2	Abi	Cross River	78	8%	58%
3	Umuahia North	Abia	61	7%	65%
4	Ikwo	Ebonyi	60	7%	71%
5	Ikom	Cross River	42	5%	76%
6	Mokwa	Niger	38	4%	80%
7	Etung	Cross River	30	3%	83%
8	Gusau	Zamfara	27	3%	89%
9	Afikpo North	Ebonyi	19	2%	88%
10	Calabar Municipal	Cross River	13	1%	91%
11	Biase	Cross River	13	1%	92%
12	Akamkpa	Cross River	12	1%	93%
13	Onicha	Ebonyi	11	1%	94%
14	Ishielu	Ebonyi	7	1%	95%
15	Yenagoa	Bayelsa	6	1%	96%
Total			884	96%	

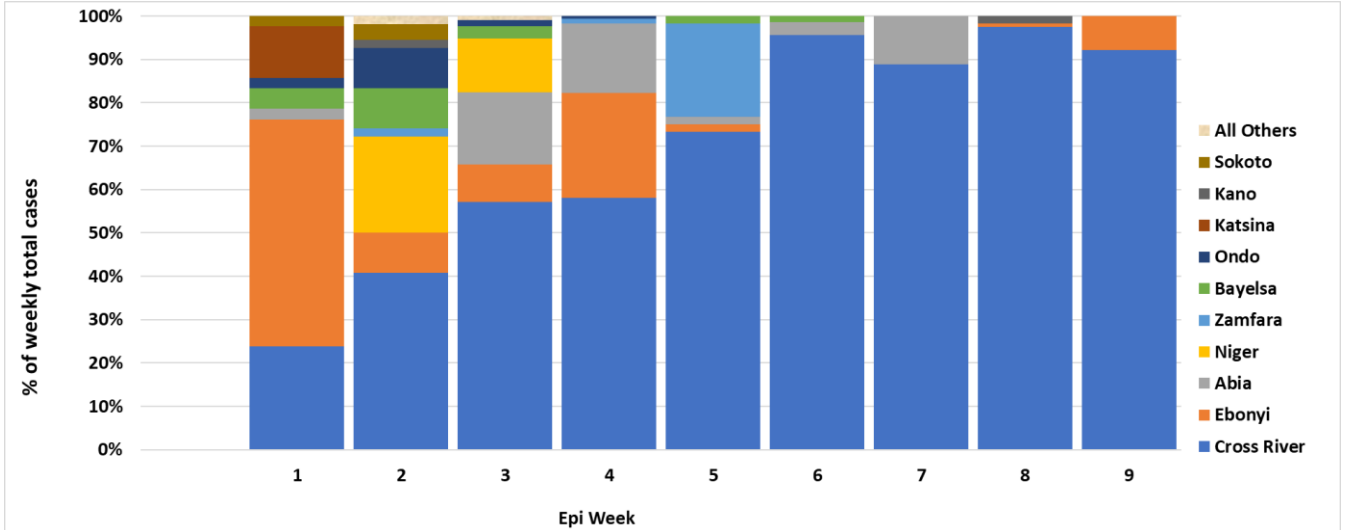


Figure 6: Percentage contribution of weekly cases by state in recent 9 weeks, week 1 - 9, 2023

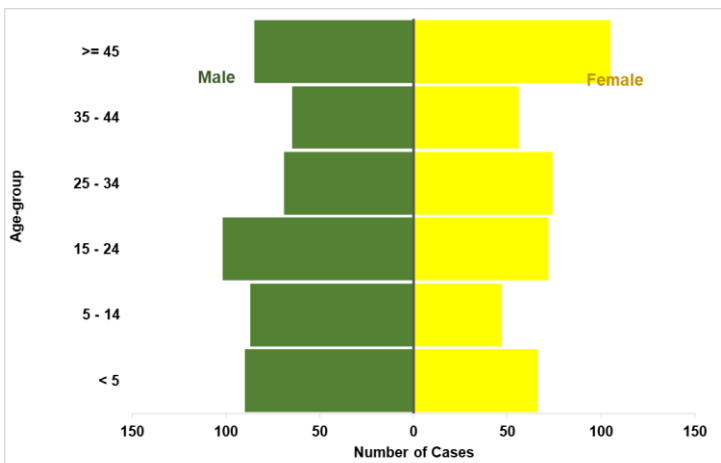


Figure 9. Age-Sex Pyramid for cumulative Cholera Cases, week 1-9 , 2022: N=922

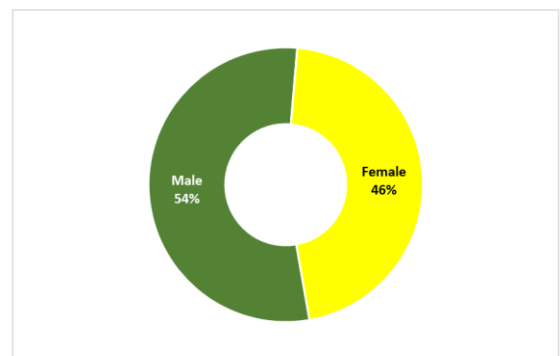


Figure 10. Sex disaggregation for cumulative Cholera cases, week 1-9 , 2022: N=922

Figure 7: Age – Sex Pyramid and Sex Aggregation for cholera cases week 1- 9, 2023.

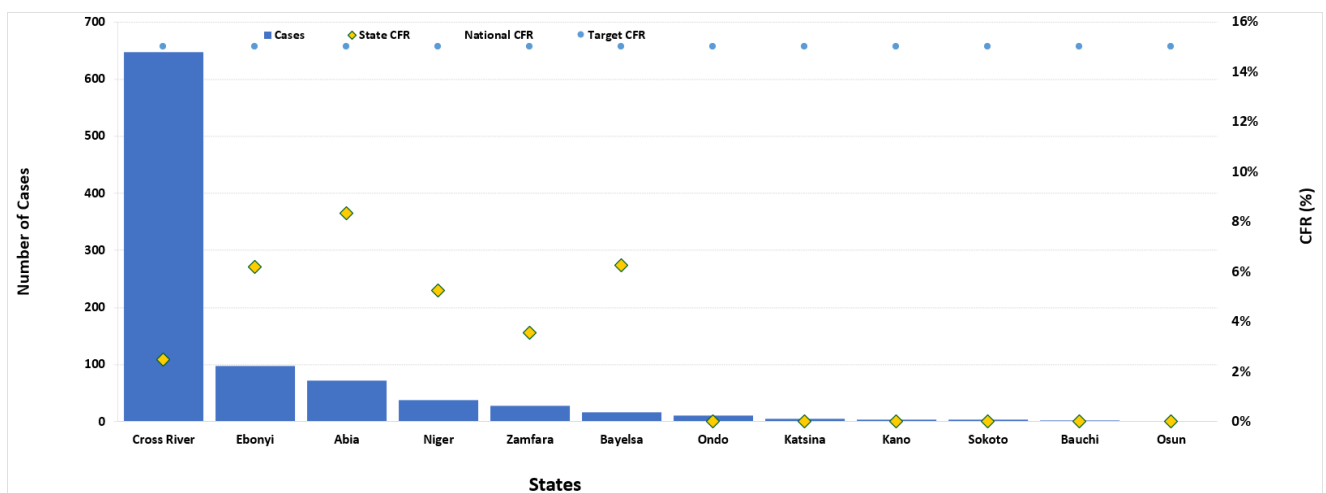


Figure 8: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1 - 9, 2023

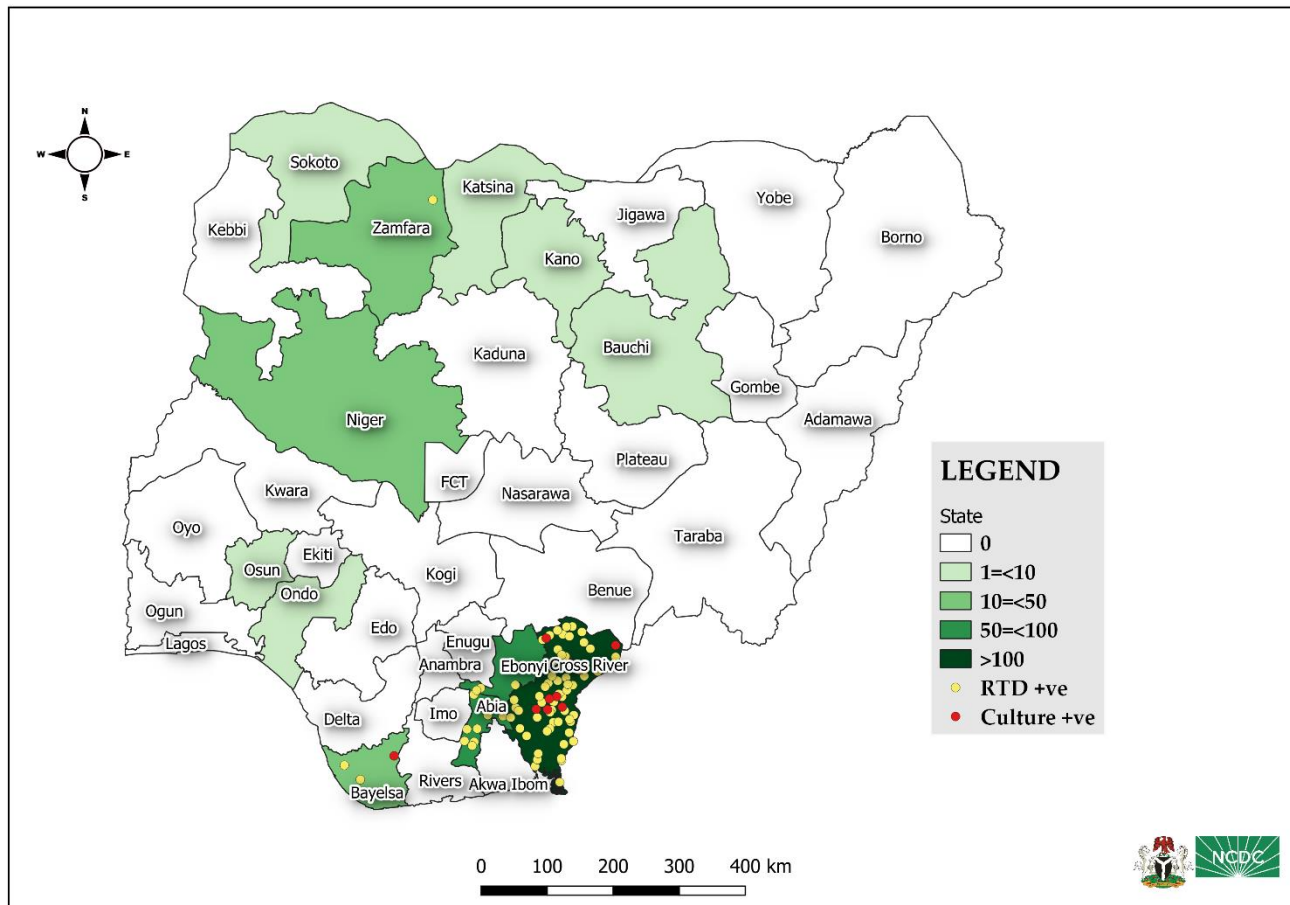


Figure 9. Map of Nigeria showing states with RDT + Culture and suspected cases, week 1 - 9, 2023

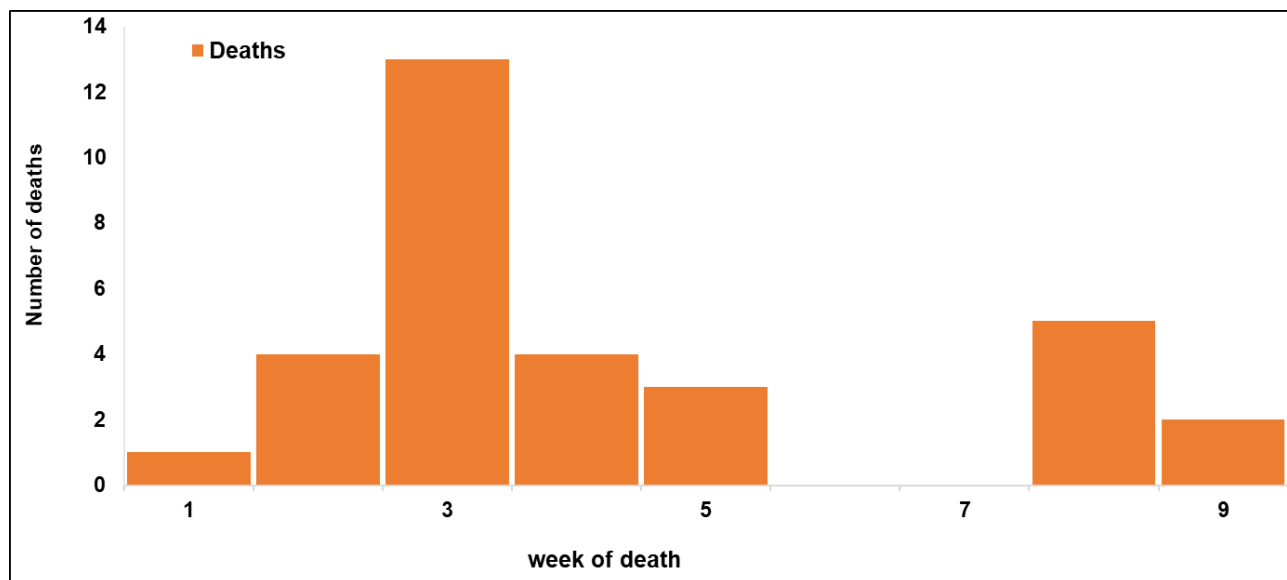


Figure 13: Trends in deaths, week 1 - 9, 2023, Nigeria



**Table 7: Response activities**

<b>Pillar</b>	<b>Activities to date</b>	<b>Next steps</b>
<b>Coordination</b>	<ul style="list-style-type: none"> <li>• 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</li> </ul>	<ul style="list-style-type: none"> <li>• The national multi-sectoral TWG will continue to coordinate the national response</li> <li>• Continue sub-national level preparedness and response support</li> <li>• Ongoing review of National Cholera Plan</li> </ul>
<b>Surveillance</b>	<ul style="list-style-type: none"> <li>• Ongoing surveillance in all states through the routine Integrated Disease Surveillance and Response (IDSR) and Event Based Surveillance (EBS)</li> <li>• Providing offsite/onsite support to states and follow up for daily reporting and progress with response activities</li> </ul>	<ul style="list-style-type: none"> <li>• Continue data collation and harmonisation</li> <li>• Planned cholera surveillance evaluation across states</li> </ul>
<b>Case Management &amp; IPC</b>	<ul style="list-style-type: none"> <li>• Provided technical support and response commodities to affected states</li> <li>• Finalization workshop held on cholera case management guideline, treatment protocol and SOP harmonization</li> </ul>	<ul style="list-style-type: none"> <li>• Continue providing technical support on case management and IPC to states</li> <li>• Continue training of Health Care Workers (HCW) on management of cholera</li> <li>• Continuous follow up with states for updates and support</li> </ul>
<b>Laboratory</b>	<ul style="list-style-type: none"> <li>• Supported ongoing testing across state-level laboratories at NCDC National Reference Laboratory (NRL), Abuja and CPHL Yaba-Lagos</li> </ul>	<ul style="list-style-type: none"> <li>• Planned sub-national level training of Laboratory Scientists on sample collection and analysis</li> <li>• Planned finalization of cholera diagnostics guidelines and SOP</li> </ul>
<b>WASH</b>	<ul style="list-style-type: none"> <li>• 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</li> <li>• Continuous construction of sanitation and hygiene facilities with boreholes in cholera hotspots</li> <li>• Conducted WASH Sector review workshop</li> </ul>	<ul style="list-style-type: none"> <li>• Continue distribution of hygiene kits to affected states</li> </ul>

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<b>Logistics</b>	<ul style="list-style-type: none"> <li>Essential response commodities are being distributed to all cholera affected states</li> </ul>	<ul style="list-style-type: none"> <li>Continue supporting affected states with essential response commodities</li> </ul>
<b>Vaccination (led by NPHCDA)</b>	<ul style="list-style-type: none"> <li>Epidemiological trend is being monitored to guide ICG request for planned vaccination campaigns</li> </ul>	<ul style="list-style-type: none"> <li>Continue monitoring epidemiological trend to guide ICG request for planned vaccination campaigns</li> </ul>
<b>Risk communication</b>	<ul style="list-style-type: none"> <li>Cholera jingles are being aired in English and local languages</li> <li>Community social mobilisation, media interviews, distribution of Information, Education and Communication (IEC) materials and awareness campaigns ongoing in affected communities</li> <li>Cholera advisory developed and circulated</li> </ul>	<ul style="list-style-type: none"> <li>Continue airing of cholera jingles and distribution of IEC materials</li> <li>Continue media engagement meetings and training of journalist, other media professionals</li> <li>Continued follow-up with states for update on risk communication</li> </ul>
<b>State Response</b>	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  $\geq 2$  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 5<sup>th</sup> March 2023**