



# Cholera Situation Report

## MONTHLY EPIDEMIOLOGICAL REPORT 13

Epidemiological week 30: (22 July 2024 – 28 July 2024)

### Key Points

Table 1: Current Epi-summary for week 30, 2024

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
117	1	0.9%	7	26

Table 2: Cumulative suspected cases (Epi week 1 - 30, 2024)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
5344	165	3.1%	36	224

Table 3: Summary of monthly reported suspected cases (Epi week 1 - 30, 2024)

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	346	10	2.9%	21	41
March	9 - 12	314	5	1.6%	19	43
April	13 - 17	174	5	2.9%	16	36
May	18 - 22	134	2	1.5%	20	43
June	23 - 26	2444	96	3.9%	29	116
July	27 - 30	1610	44	2.7%	31	119

Week			
1 -- 30			
<b>Summary</b>	<b>2023</b>	<b>2024</b>	<b>% Change</b>
<b>Suspected Cases</b>	<b>2,761</b>	<b>5,344</b>	<b>94%</b>
<b>Deaths</b>	<b>83</b>	<b>165</b>	<b>99%</b>
<b>CFR</b>	<b>3.0%</b>	<b>3.1%</b>	<b>3%</b>

**Table 4: Comparison of cumulative suspected cases as at week 30, 2023 and 2024**

### Week 30 Highlight

- 117 new suspected cases were reported, 1 death with CFR = 0.9%
- 7 States Lagos (101), Jigawa (5), Katsina (5), Ogun (2), Kogi (2), Abia (1) and Kano (1) reported cases of Cholera within the Epidemiological week

### In the reporting month,

- States have reported 1610 suspected cases of Cholera, Lagos (1309), Katsina (67), Yobe (26), Delta (21), Ogun (21), Zamfara (19), Rivers (17), Bauchi (17), Imo (15), Kogi (15), Ebonyi (12), Kano (11), Jigawa (9), Sokoto (6), Bayelsa (6), Ekiti (5), Abia (5), Osun (4), Anambra (3), Benue (3), Gombe (3), Niger (2), Taraba (2), FCT (2), Oyo (2), Nasarawa (2), Kwara (2), with Adamawa, Kebbi, Plateau and Ondo each reporting one case (1)
- 44 Deaths was recorded with CFR = 2.7%
- 327 Rapid Diagnostic Tests (RDT) were conducted with 109 positive results
- 180 stool culture tests were conducted and with 27 positive results
- National multi-sectoral Cholera TWG continues to monitor response across states

### Cumulative Epi-Summary for 2024

- As of **28<sup>th</sup> July 2024**, a total of **5,344 suspected cases including 165 deaths (CFR 3.1%)** 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 (3,416 cases) accounts for 64% of all suspected cases in the country of the 36 States that have reported cases of cholera
- Lagos Island LGA (547 cases) in Lagos State accounts for 10% of all suspected cases reported in the country
- Other States; Bayelsa (481 cases), Katsina (298), Ebonyi (152), Abia (129 cases), Zamfara (108 cases), Delta (85 cases), Bauchi (77 cases), Imo (73 cases), Rivers (70 cases), Ogun (61 cases), Osun (47 cases), Cross River (43 cases), Yobe (30 cases), Kano (29 cases), Ondo (27 cases), Benue (23 cases), Nasarawa (23 cases), Kogi (21 cases), Ekiti (18 cases), Jigawa (18 cases), FCT (17 cases), Oyo (15 cases), Niger (15 cases), Gombe (14 cases) and Akwa Ibom (10 cases) account for 35.2% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year have increased by 94% compared to what was reported as at Epi-week 30 in 2023. Likewise, cumulative deaths recorded have increased by 99% in 2024

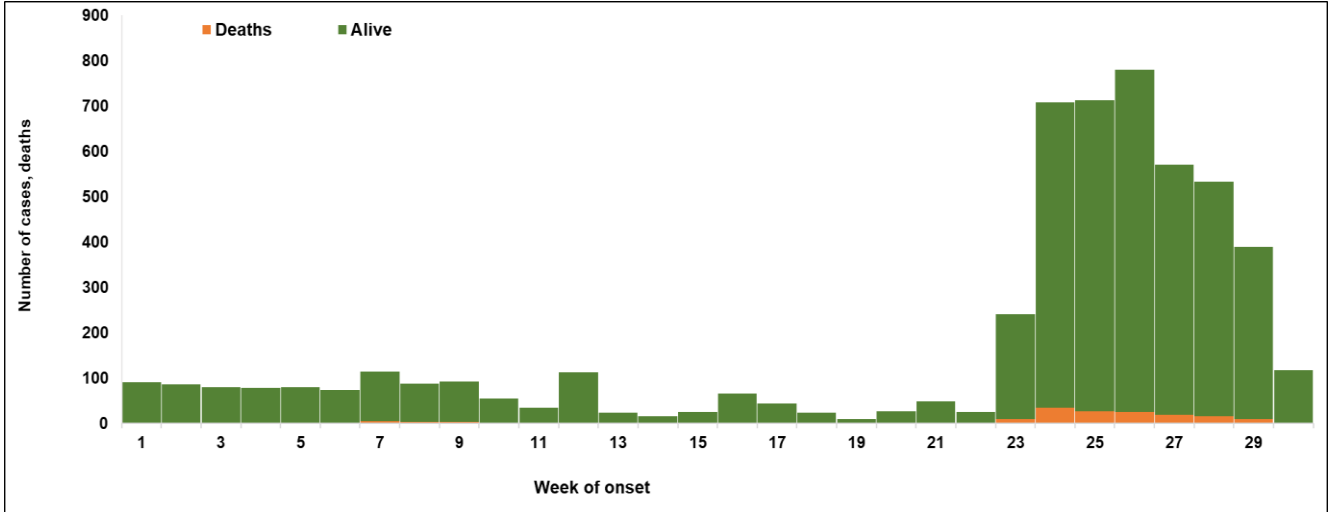


Figure 1: National Epidemic curve of weekly reported Cholera suspected cases, week 1 to week 30, 2024

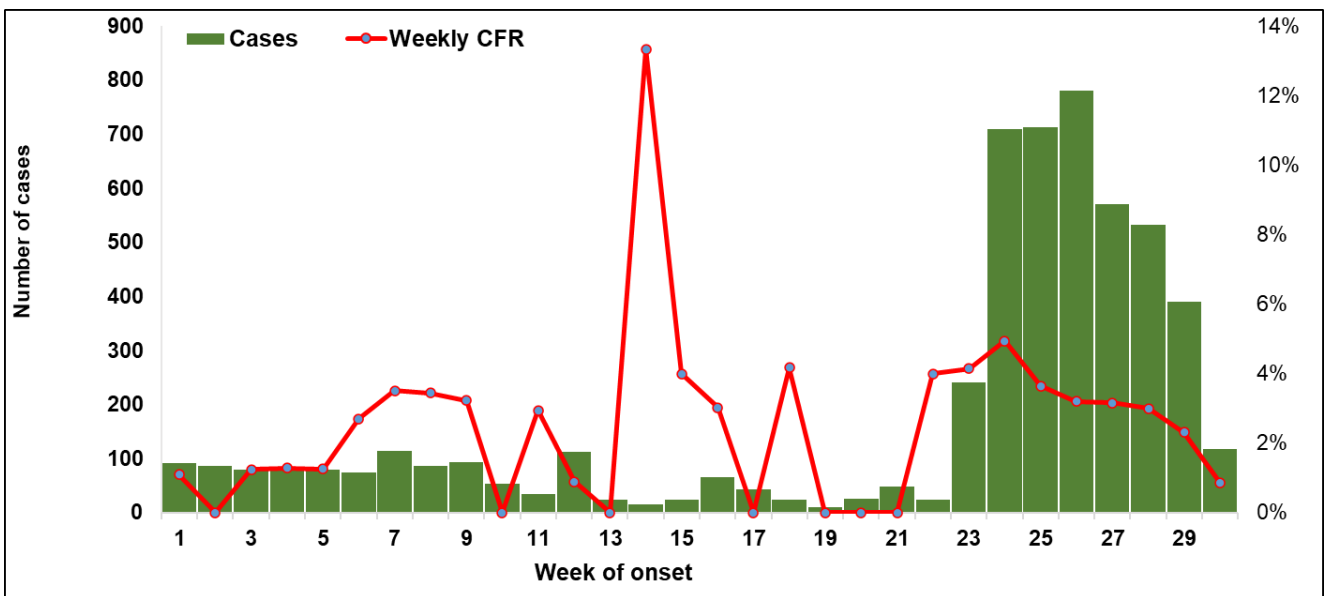


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 – 30, 2024, Nigeria

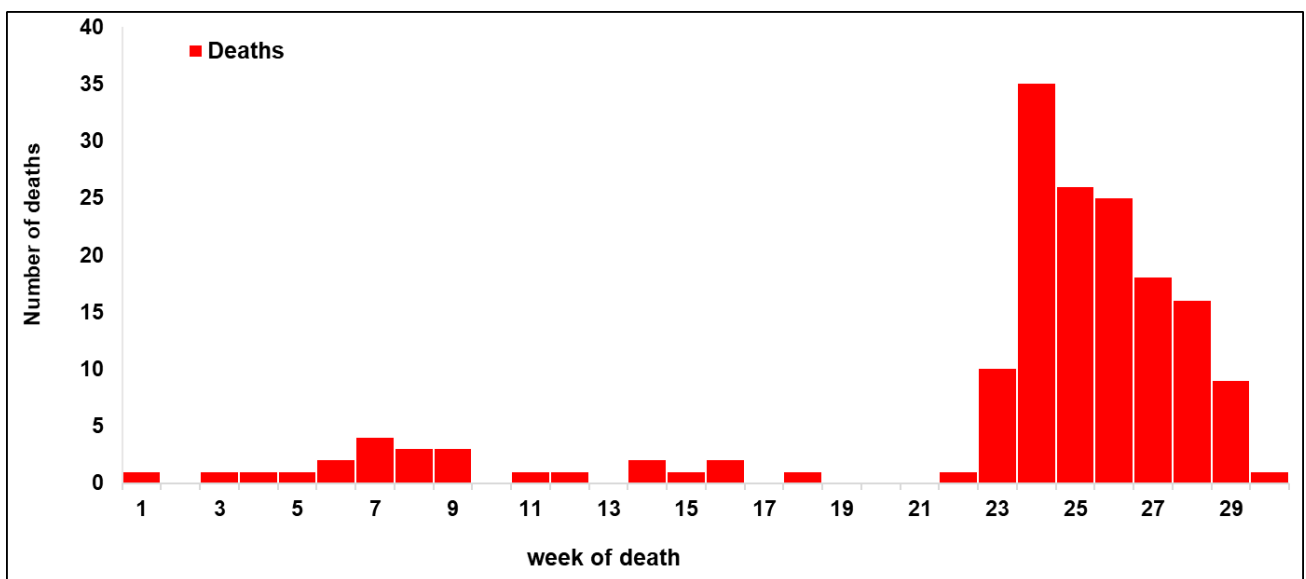


Figure 3: Trends in deaths, Epi weeks 1 - 30, 2024, Nigeria

# Cholera Situation Report

Epi Week: 30, 2024

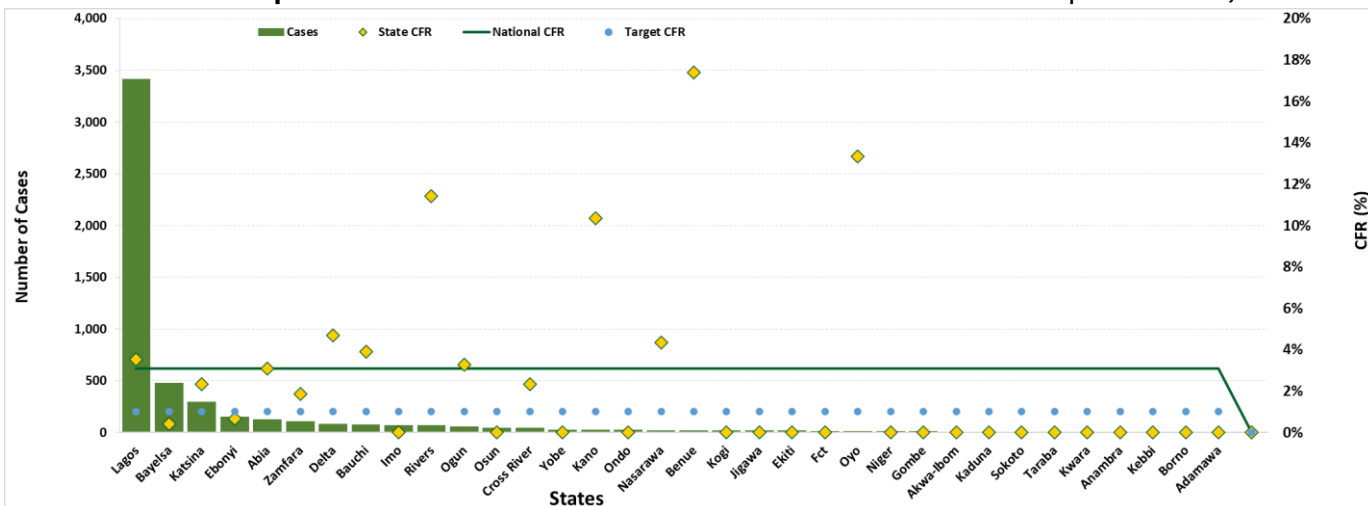


Figure 4: States' Cholera suspected cases by Case fatality ratio (CFR) Epi-weeks 1 - 30, 2024

Table 5: Top 9 States in cumulative suspected cases

No	State	Suspected cases	Percent of cumulative cases	Cumulative % of total cases
1	Lagos	3,416	64%	64%
2	Bayelsa	481	9%	73%
3	Katsina	298	6%	78%
4	Ebonyi	152	3%	81%
5	Abia	129	2%	84%
6	Zamfara	108	2%	86%
7	Delta	85	2%	87%
8	Bauchi	77	1%	90%
9	Imo	73	1%	92%
Total		4896	92%	

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	553	10%	10%
2	Lagos Mainland	Lagos	495	9%	20%
3	Eti-Osa	Lagos	389	7%	27%
4	Ajeromi/Ifelodun	Lagos	260	5%	32%
5	Kosofe	Lagos	191	4%	35%
6	Surulere	Lagos	178	3%	39%
7	Southern Ijaw	Bayelsa	166	3%	42%
8	Alimosho	Lagos	161	3%	48%
9	Epe	Lagos	152	3%	51%
10	Apapa	Lagos	150	3%	53%
11	Ikorodu	Lagos	135	3%	56%
12	Mushin	Lagos	117	2%	58%
13	Oshodi/Isolo	Lagos	113	2%	60%
14	Ojo	Lagos	99	2%	62%
Total			3320	62%	

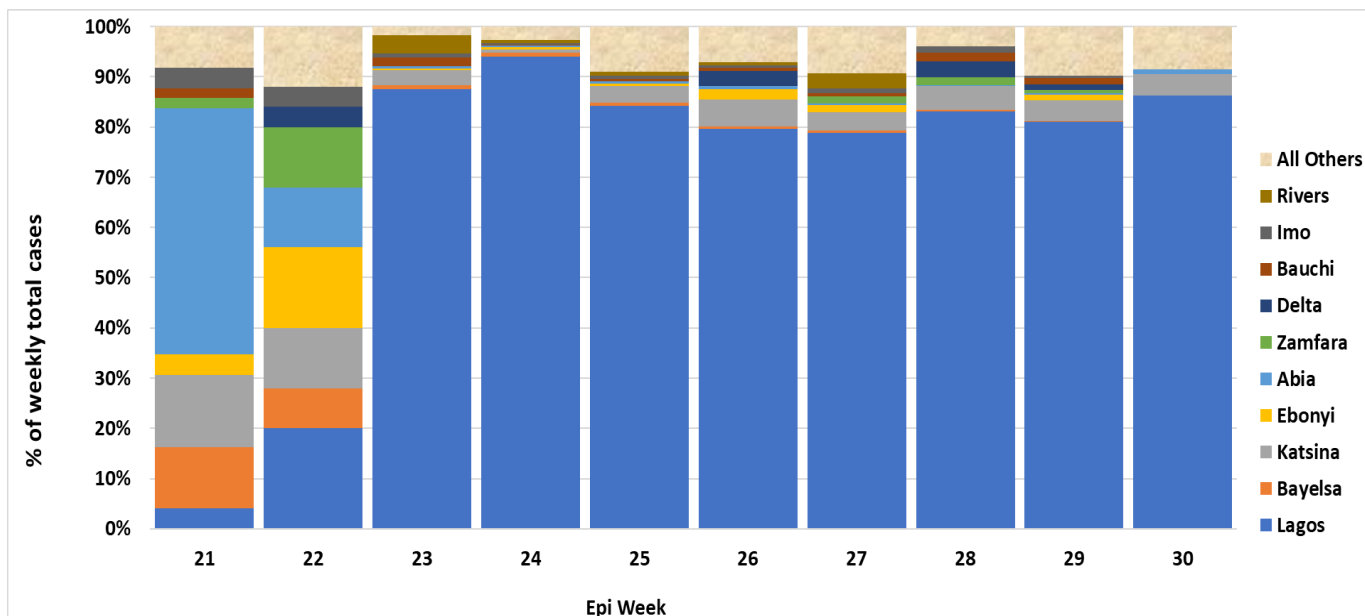


Figure 5: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

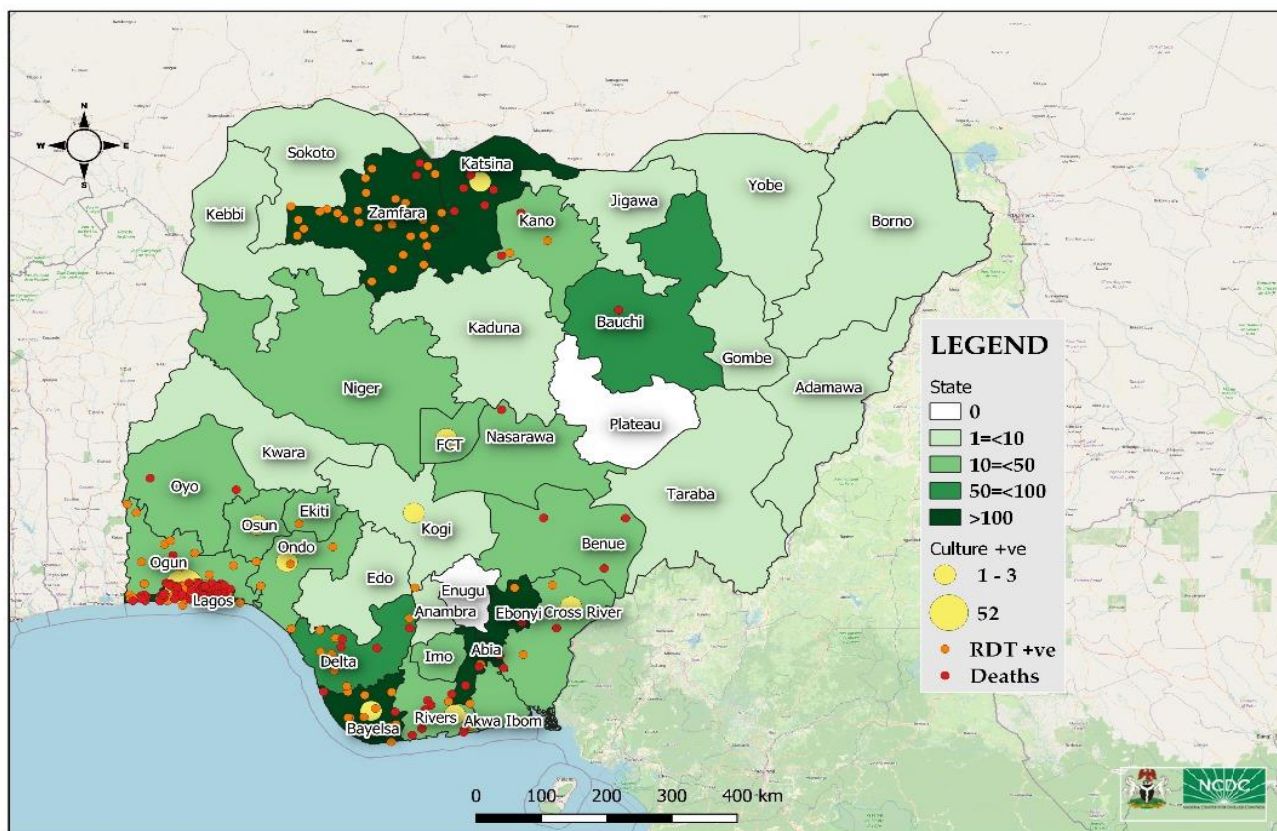


Fig. 6. Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 30, 2024

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 30)						Cumulative (Week 1 - 30)				
			Cases		Deaths		Tests		Cases	Deaths	CFR	Tests	
			Cases	% change	Deaths	% change	RDT (%Pos)	Culture (%pos)				RDT (%Pos)	Culture (%pos)
1	Lagos	Active	101	▼ 68%	1	▼ 83%	101 (8%)	87 (1%)	3,416	121	3.5%	1882 (7%)	1155 (6%)
2	Bayelsa	Active		▼ 100%					481	2	0.4%	41 (29%)	22 (5%)
3	Katsina	Active	5	▼ 69%					298	7	2.3%	60 (5%)	45 (4%)
4	Ebonyi	Active		▼ 100%					152	1	0.7%	16 (13%)	
5	Abia	Active	1						129	4	3.1%	37 (8%)	6 (0%)
6	Zamfara	Active		▼ 100%					108	2	1.9%	40 (55%)	
7	Delta	Active		▼ 100%					85	4	4.7%	26 (27%)	
8	Bauchi	Active		▼ 100%		▼ 100%			77	3	3.9%	5 (0%)	1 (0%)
9	Imo	Active		▼ 100%					73	-	0.0%	47 (2%)	7 (0%)
10	Rivers								70	8	11.4%	2 (50%)	4 (50%)
11	Ogun	Active	2	▼ 78%		▼ 100%	1 (0%)		61	2	3.3%	32 (41%)	6 (0%)
12	Osun	Active							47	-	0.0%	8 (0%)	37 (3%)
13	Cross River								43	1	2.3%	25 (8%)	2 (50%)
14	Yobe	Active		▼ 100%					30	-	0.0%	19 (0%)	8 (0%)
15	Kano	Active	1	▼ 83%		▼ 100%			29	3	10.3%	7 (29%)	
16	Ondo								27	-	0.0%	16 (19%)	8 (13%)
17	Nasarawa	Active							23	1	4.3%	2 (0%)	2 (0%)
18	Benue								23	4	17.4%	4 (0%)	1 (0%)
19	Kogi	Active	2	▼ 75%			2 (50%)	2 (0%)	21	-	0.0%	21 (10%)	21 (38%)
20	Jigawa	Active	5	▲ 25%					18	-	0.0%		5 (0%)
21	Ekiti	Active		▼ 100%					18	-	0.0%	5 (20%)	2 (0%)
22	Fct	Active							17	-	0.0%		4 (25%)
23	Oyo								15	2	13.3%	7 (0%)	6 (0%)
24	Niger								15	-	0.0%	3 (0%)	2 (0%)
25	Gombe	Active							14	-	0.0%	4 (25%)	8 (0%)
26	Akwa-Ibom								10	-	0.0%		10 (0%)
27	Kaduna								9	-	0.0%	3 (0%)	
28	Sokoto	Active		▼ 100%					8	-	0.0%		6 (0%)
29	Taraba	Active							7	-	0.0%	1 (0%)	4 (0%)
30	Kwara	Active		▼ 100%					5	-	0.0%	3 (0%)	1 (0%)
31	Anambra	Active							4	-	0.0%	3 (0%)	1 (0%)
32	Kebbi	Active		▼ 100%					3	-	0.0%		1 (0%)
33	Borno								3	-	0.0%	1 (0%)	
34	Adamawa	Active		▼ 100%					3	-	0.0%		3 (33%)
35	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
36	Edo								1	-	0.0%		
	<b>National</b>	<b>25</b>	<b>#N/A</b>	<b>▼ 70%</b>	<b>#N/A</b>	<b>▼ 89%</b>	<b>104 (9%)</b>	<b>89 (1%)</b>	<b>#N/A</b>	<b>#N/A</b>	<b>#N/A</b>	<b>2322 (9%)</b>	<b>1377 (6%)</b>

\*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
<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 (FMEv), National Primary Health Care Development Agency (NPHCDA) and Development Partners</li> <li>Activation of EOC</li> <li>Deployment of NRRT to 6 states</li> </ul>	<ul style="list-style-type: none"> <li>The national multi-sectoral TWG will continue to coordinate the national response</li> <li>Continue to strengthen sub-national level preparedness and response support</li> <li>Ongoing implementation of cholera National incident Action 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> <li>Supporting Surveillance Data validation and harmonization</li> </ul>	<ul style="list-style-type: none"> <li>Continue data collation and harmonisation</li> <li>Ongoing cholera surveillance evaluation across states</li> </ul>

	<ul style="list-style-type: none"> <li>Supporting active case search in hotspot LGAs and linking cases to treatment centers</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>Case management data validation and harmonization across treatment centers</li> <li>Deployment of Facility Assessment tool to treatment centers on case management and IPC.</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>Collect samples of all water sources and food samples in all the affected LGAs. Inspect water production facilities and collect environmental samples.</li> <li>Supported ongoing testing across state-level laboratories at NCDC National Reference Laboratory (NRL), Abuja and CPHL Yaba-Lagos</li> <li>Identification of laboratories for possible optimization for cholera diagnosis</li> <li>Training of laboratory staff on sample collection, diagnosis and reporting</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing sub-national level training of Laboratory Scientists on sample collection and analysis</li> <li>Ongoing 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 sensitization 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>
<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)</li> </ul>	<ul style="list-style-type: none"> <li>Continue airing of cholera jingles and distribution of IEC materials</li> </ul>

## Cholera Situation Report

Epi Week: 30, 2024

	<p>materials and awareness campaigns ongoing in affected communities</p> <ul style="list-style-type: none"><li>• Cholera advisory developed and circulated</li><li>• Advocacy visits to the community and traditional leaders for Cholera prevention and treatment sensitization</li></ul>	<ul style="list-style-type: none"><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><li>• Continue sensitization of community and traditional leaders</li></ul>
<b>State Response</b>	Multi-sectoral State-level Emergency Operation Centres (EOCs) activated in Lagos State	Continue supporting state response activities

### Challenges

- 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
- Inadequate SBCC materials
- 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.
- Shortage of laboratory consumables for vibrio culture as well as other AWD causing Enterobacteriaceae.
- 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
- Poor hygiene practice in most cholera affected communities

### 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
- Build capacity for sample collection, transportation and laboratory diagnosis
- Monitor 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
- Continue implementation the National incident action 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.

#### *Erratum*

- *A backlog of suspected cases (17) and deaths (1) for epi week 5 - 8 were added*
- *A backlog of suspected cases for epi week 13 - 17 (16) was added*
- *A backlog of suspected cases for epi week 18 - 22 (7) was added*
- *A backlog of suspected cases (29) and deaths (1) for epi week 23 - 26 were added*

**DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 28<sup>th</sup> JULY 2024**