



# Cholera Situation Report

## MONTHLY EPIDEMIOLOGICAL REPORT 1

Epidemiological week 1- 4: (01 January 2024 - 28 January 2024)

### Key Points

Table 1: Current Epi-summary for week 4, 2024

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
35	0	0.0%	2	8

Table 2: Cumulative suspected cases (Epi week 1 - 4, 2024)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
169	2	1.2%	2	10

Months	Epi-Weeks	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	169	2	1.2%	2	10

Table 3: Summary of monthly reported cases (Epi week 1 - 4, 2024)

	Week 1	Week 4	
<b>Summary</b>	<b>2023</b>	<b>2024</b>	<b>% Change</b>
Suspected Cases	573	169	-71%
Deaths	21	2	-90%
CFR	3.7%	1.2%	-68%

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

### Week 4 Highlight

- 35 new cases were reported, 0 deaths with CFR = 0.0%
- 2 States Bayelsa (26) and Cross River (9) reported cases of Cholera within the Epidemiological week

### In the reporting month,

- States have reported 169 suspected cases of Cholera, Bayelsa (144) and Cross River (25)
- 2 Deaths were recorded with CFR = 1.2%
- 22 Rapid Diagnostic Tests (RDT) were conducted with 9 positive results (Bayelsa – 7 and Cross River - 2)
- 9 stool culture tests were conducted and with 1 positive result (Cross River - 1)
- National multi-sectoral Cholera TWG continues to monitor response across states

### Cumulative Epi-Summary for 2024

- As of **28<sup>th</sup> January 2024**, a total of **169 suspected cases including 2 deaths (CFR 1.2%)** have been reported from 2 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, **52% are males and 48% are females**
- Bayelsa (144 cases) accounts for 85% of all suspected cases in the country of the 2 States that have reported cases of cholera
- Southern Ijaw LGA (81 cases) in Bayelsa State accounts for 48% of all suspected cases reported in the country
- Other State; Cross River (25 cases), accounts for 15% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year have decreased by 71% compared to what was reported as at Epi-week 4 in 2023. Likewise, cumulative deaths recorded have decreased by 90% in 2024

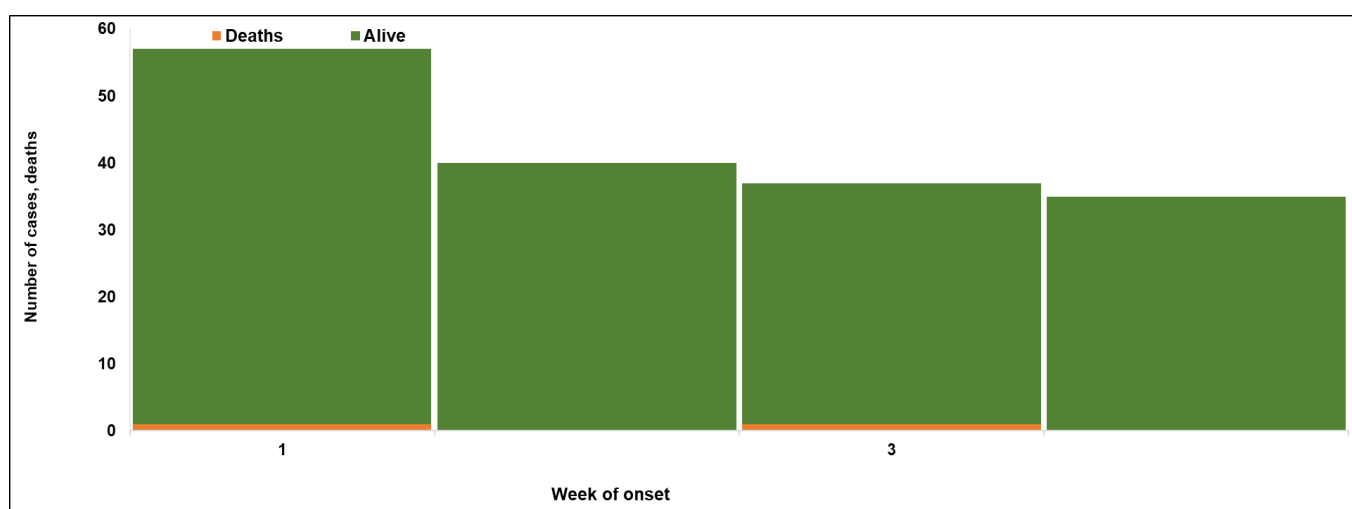


Figure 1: National Epidemic curve of weekly reported Cholera cases, week 1 to week 4, 2024

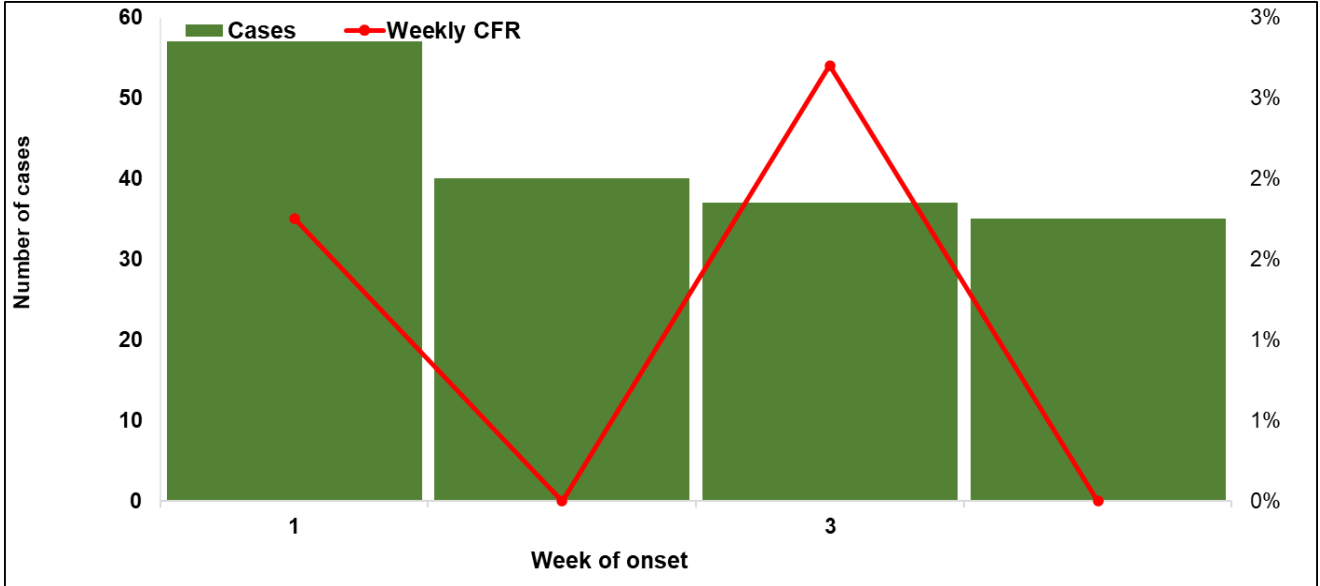


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 - 4, 2024, Nigeria

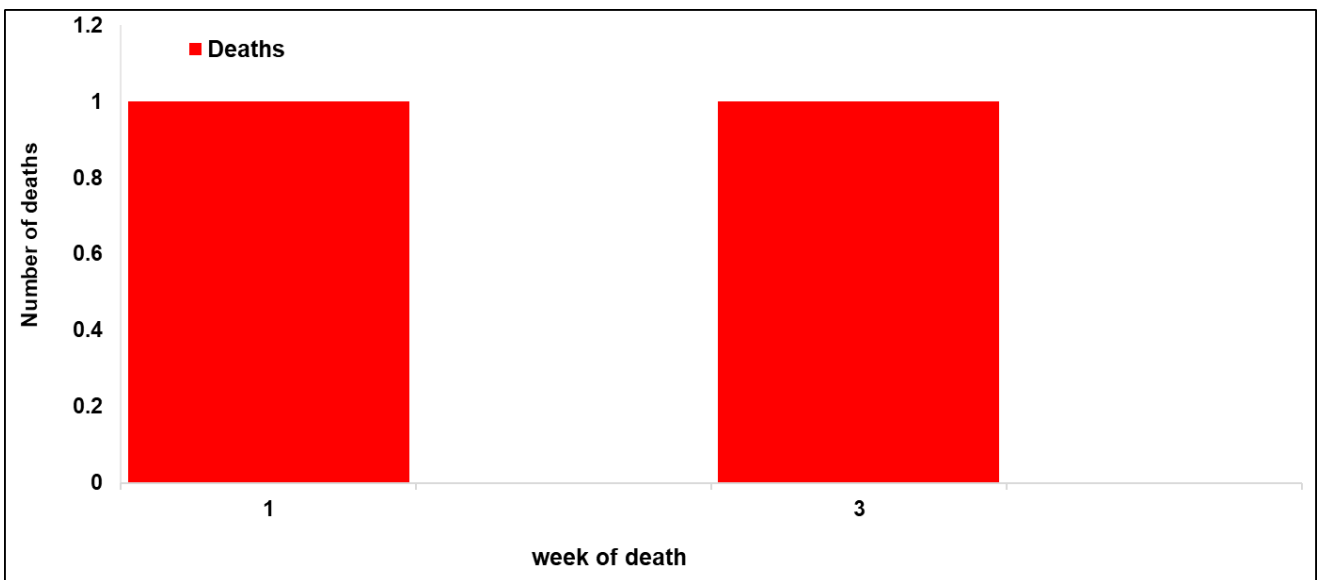


Figure 3: Trends in deaths, Epi weeks 1 - 4, 2024, Nigeria

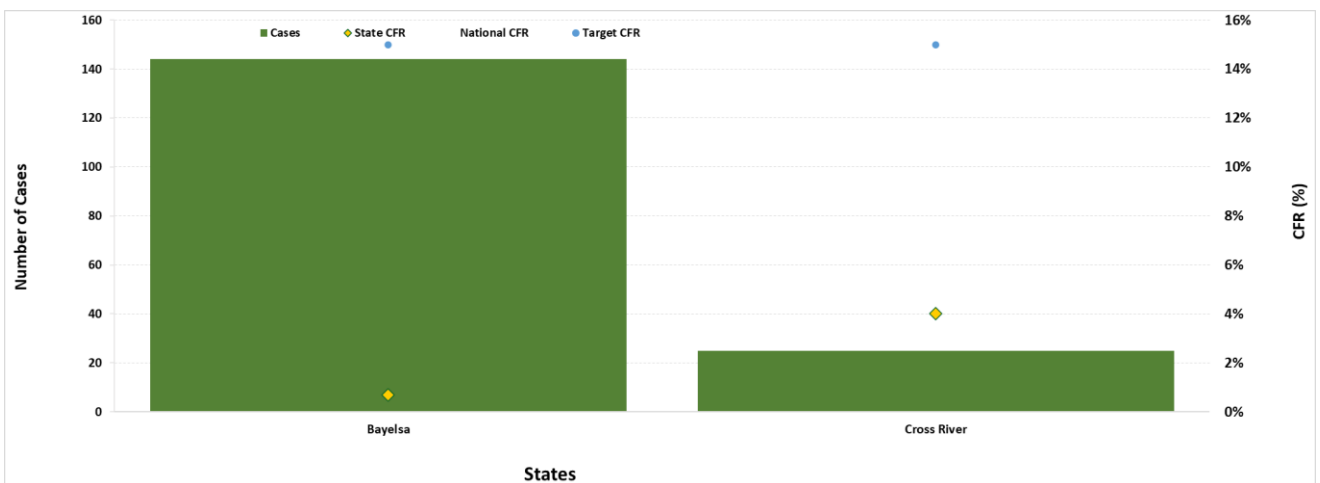


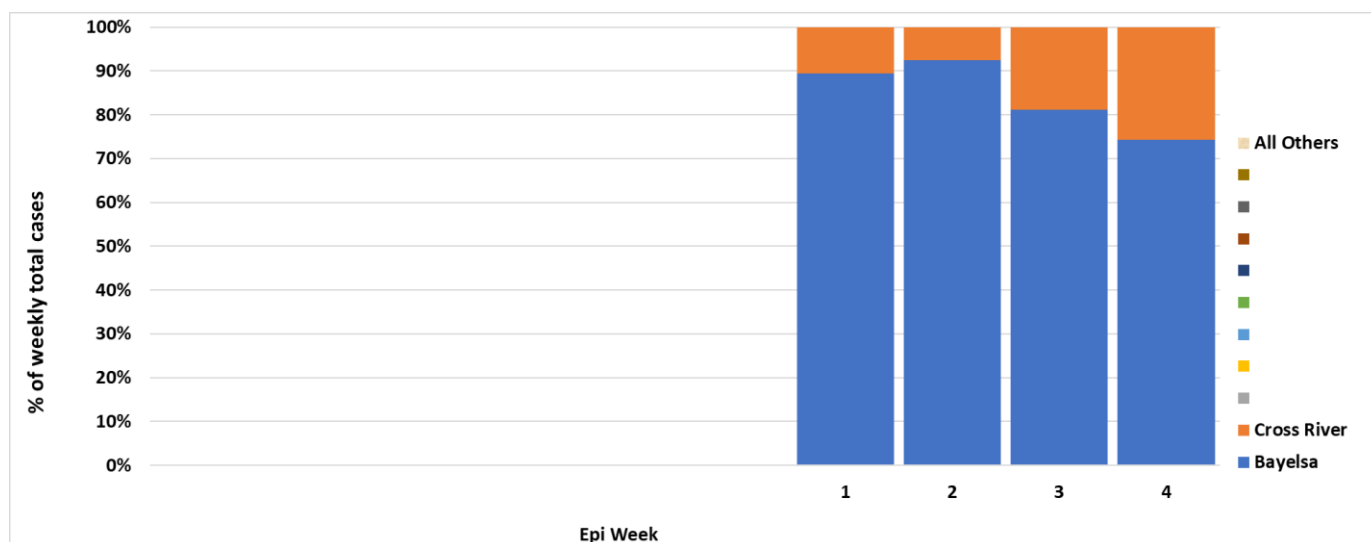
Figure 4: States' Cholera cases by Case fatality ratio (CFR) Epi-weeks 1 - 4, 2024

**Table 5: States in cumulative cases**

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Bayelsa	144	85%	85%
2	Cross River	25	15%	100%
Total		169	100%	

**Table 6: Top 9 Local Government Areas (LGAs) in cumulative cases**

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Southern Ijaw	Bayelsa	81	48%	48%
2	Ogbia	Bayelsa	18	11%	59%
3	Yenagoa	Bayelsa	13	8%	67%
4	Biase	Cross River	13	8%	75%
5	Nembe	Bayelsa	12	7%	82%
6	Kolokuma/Opokuma	Bayelsa	12	7%	89%
7	Obubra	Cross River	9	5%	94%
8	Akpabuyo	Cross River	2	1%	95%
9	Bakassi	Cross River	1	1%	96%
Total			161	96%	



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

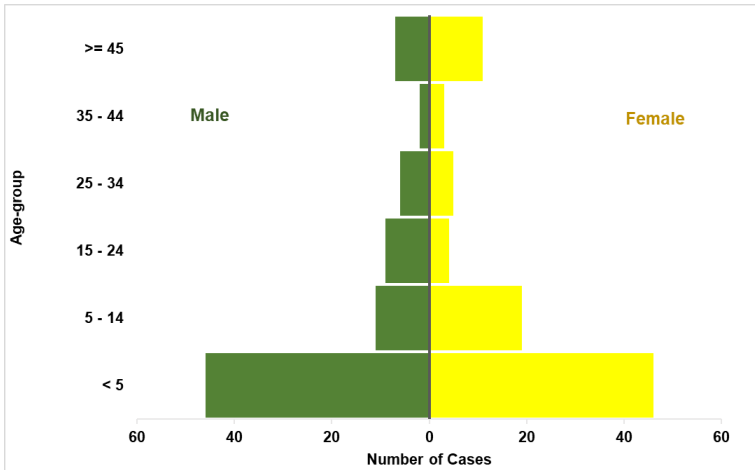


Figure 6. Age-Sex Pyramid for cumulative Cholera Cases, week 1-4 ,2024: N=169

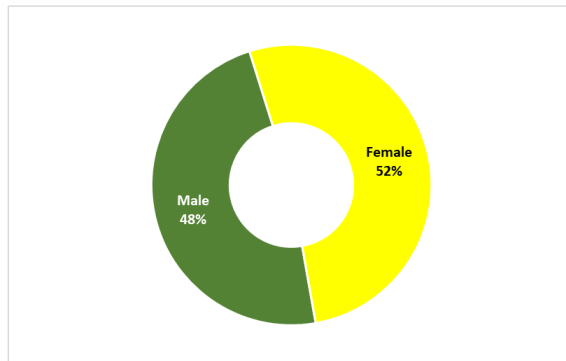


Figure 7. Sex disaggregation for cumulative Cholera cases, week 1-4, 2024: N=169

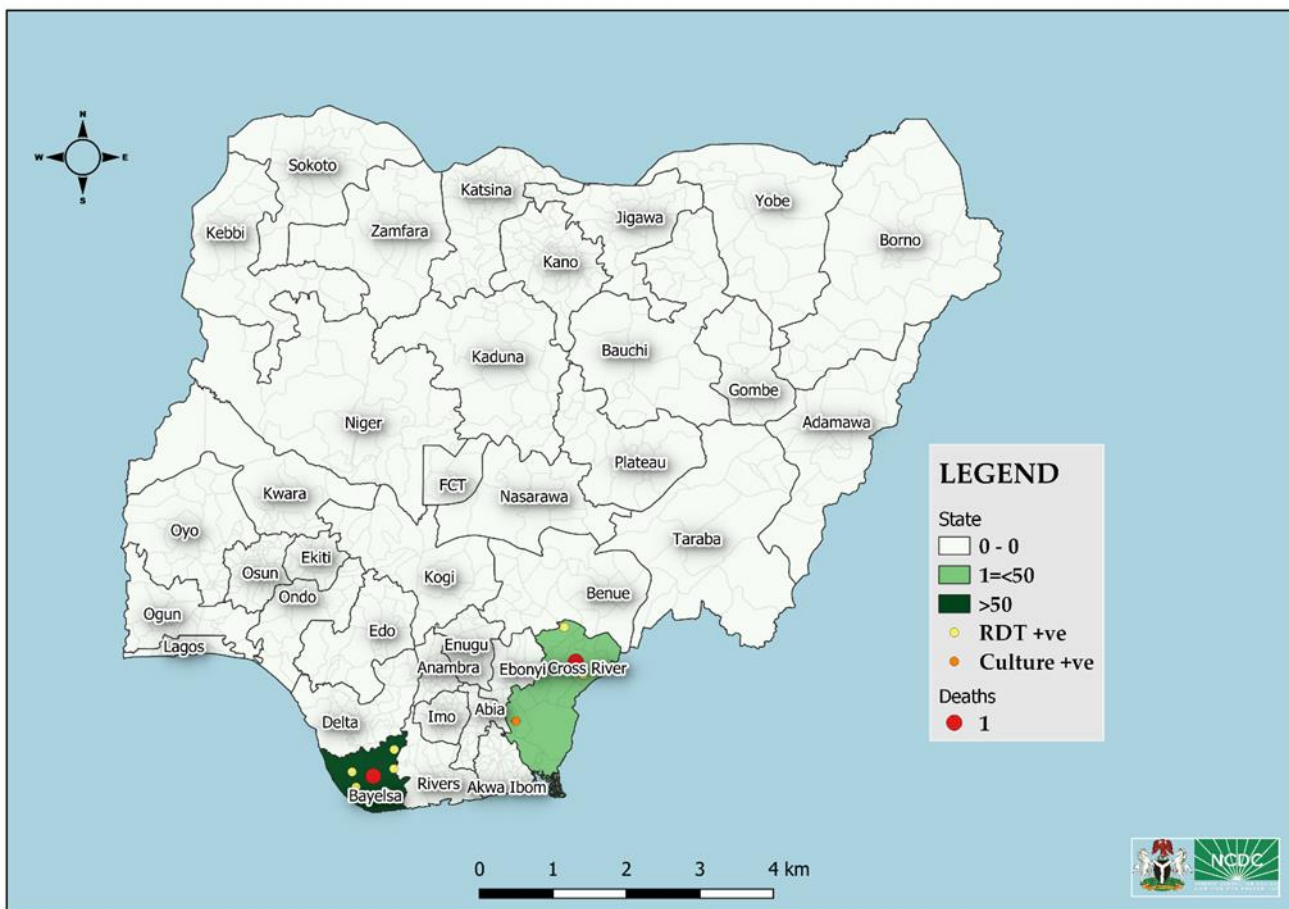


Fig. 8: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 4, 2024



**Cholera Situation Report**

**Epi Week: 4, 2024**

	<ul style="list-style-type: none"> <li>• Providing offsite/onsite support to states and follow up for daily reporting and progress with response activities</li> </ul>	<p>evaluation across states</p>
<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>• 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 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>
<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> </ul>

		<ul style="list-style-type: none"> <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 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  $\geq 2$  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 cholera* O1 or O139 has been isolated in the stool by culture.

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