



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 17

Epidemiological week 34: (19 August 2024 – 25 August 2024)

Key Points

Table 1: Current Epi-summary for week 34, 2024

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
147	5	3.4%	8	28

Table 2: Cumulative suspected cases (Epi week 1 - 34, 2024)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
6782	197	2.9%	36	265

Months	Epi-Weeks	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	336	3	0.9%	15	36
February	5 - 8	359	10	2.8%	21	45
March	9 - 12	314	5	1.6%	19	43
April	13 - 17	179	5	2.8%	17	39
May	18 - 22	142	2	1.4%	22	47
June	23 - 26	2509	99	3.9%	30	126
July	27 - 30	1978	49	2.5%	34	163
August	31 - 34	965	24	2.5%	18	69

Table 3: Summary of monthly reported suspected cases (Epi week 1 - 34, 2024)

Week			
1 -- 34			
Summary	2023	2024	% Change
Suspected Cases	2,994	6,782	127%
Deaths	94	197	110%
CFR	3.1%	2.9%	-7%

Table 4: Comparison of cumulative suspected cases as at week 34, 2023 and 2024

Week 34 Highlight

- 147 new suspected cases were reported, 5 deaths with CFR = 3.4%
- 8 States Lagos (89), Jigawa (15), Yobe (12), Edo (11), Katsina (9), Zamfara (4), Kaduna (4) and Bayelsa (3) reported cases of Cholera within the Epidemiological week

In the reporting month,

- States have reported 965 suspected cases of Cholera, Lagos (691), Jigawa (51), Katsina (48) Kano (39), Zamfara (32), Yobe (18), Kaduna (18), Bayelsa (14), Ogun (11), Edo (11), Kwara (10), Akwa-Ibom (6), Ondo (5), Ebonyi (4), Imo (2), Adamawa (2), Abia (2) and Bauchi (1)
- 24 Deaths was recorded with CFR = 2.5%
- 204 Rapid Diagnostic Tests (RDT) were conducted with 58 positive results
- 90 stool culture test was conducted and with 10 positive results
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary for 2024

- As of **25th August 2024**, a total of **6,782 suspected cases including 197 deaths (CFR 2.9%)** 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, **52% are males and 48 are females**
- Lagos (4,180 cases) accounts for 62% of all suspected cases in the country of the 36 States that have reported cases of cholera
- Lagos Island LGA (576 cases) in Lagos State accounts for 8% of all suspected cases reported in the country
- Other States; Bayelsa (513 cases), Katsina (365), Zamfara (210 cases), Ebonyi (185), Abia (159 cases), Ogun (124 cases), Jigawa (117 cases), Imo (88 cases), Delta (85 cases), Bauchi (79 cases), Rivers (74 cases), Kano (73 cases), Cross River (52 cases), Yobe (48 cases), Osun (47 cases), Sokoto (42 cases), Ondo (41 cases), Oyo (33 cases), Kaduna (27) Akwa Ibom (26 cases), Benue (23 cases), Nasarawa (23 cases), Kebbi (22 cases), Kogi (21 cases), Fct (19 cases) Ekiti (18 cases), Kwara (16), Edo (16 cases), Niger (16 cases), Gombe (14 cases) and Adamawa (10) account for 38.1% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year have increased by 127% compared to what was reported as at Epi-week 34 in 2023. Likewise, cumulative deaths recorded have increased by 110% in 2024

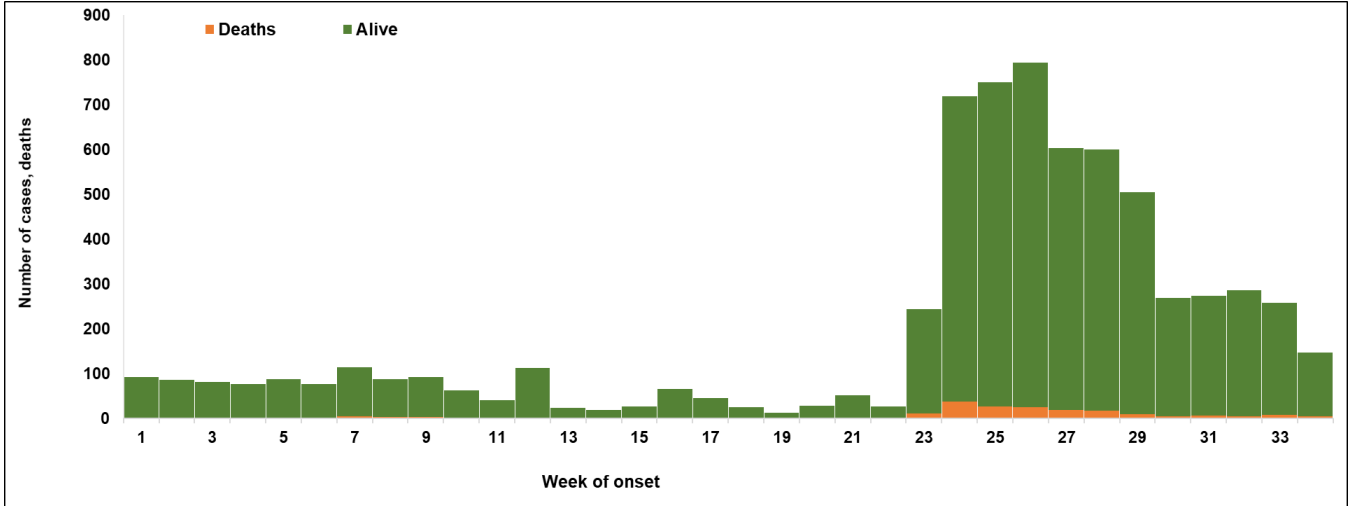


Figure 1: National Epidemic curve of weekly reported Cholera suspected cases, week 1 to week 34, 2024

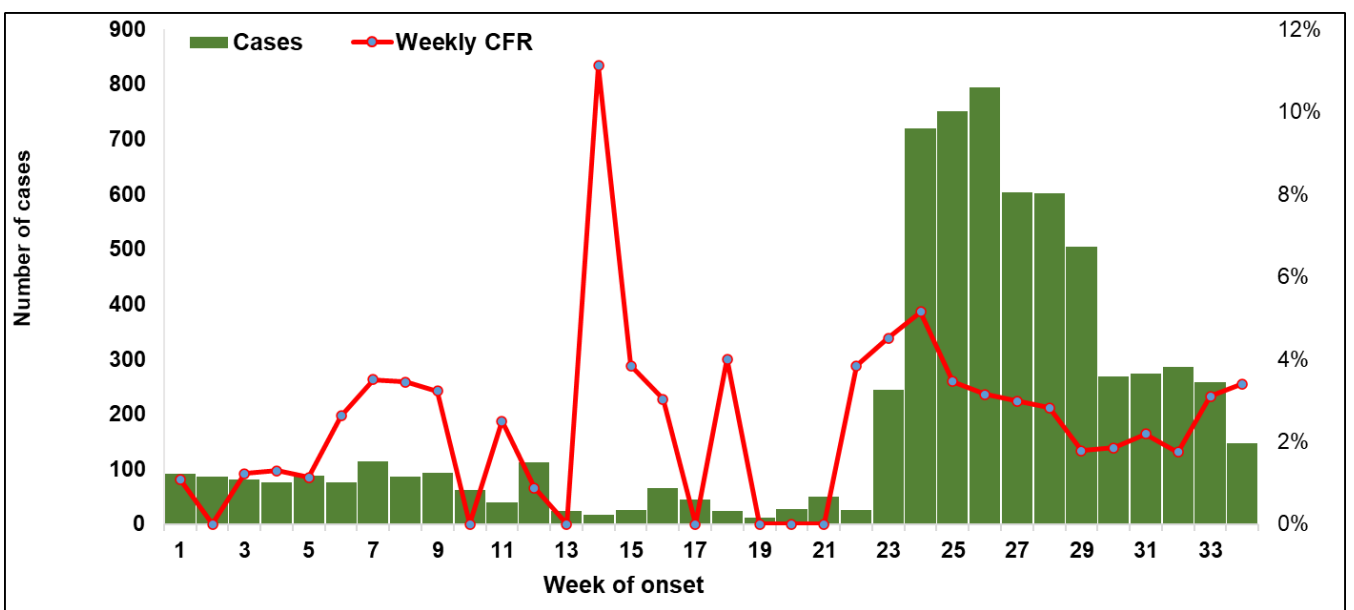


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 – 34, 2024, Nigeria

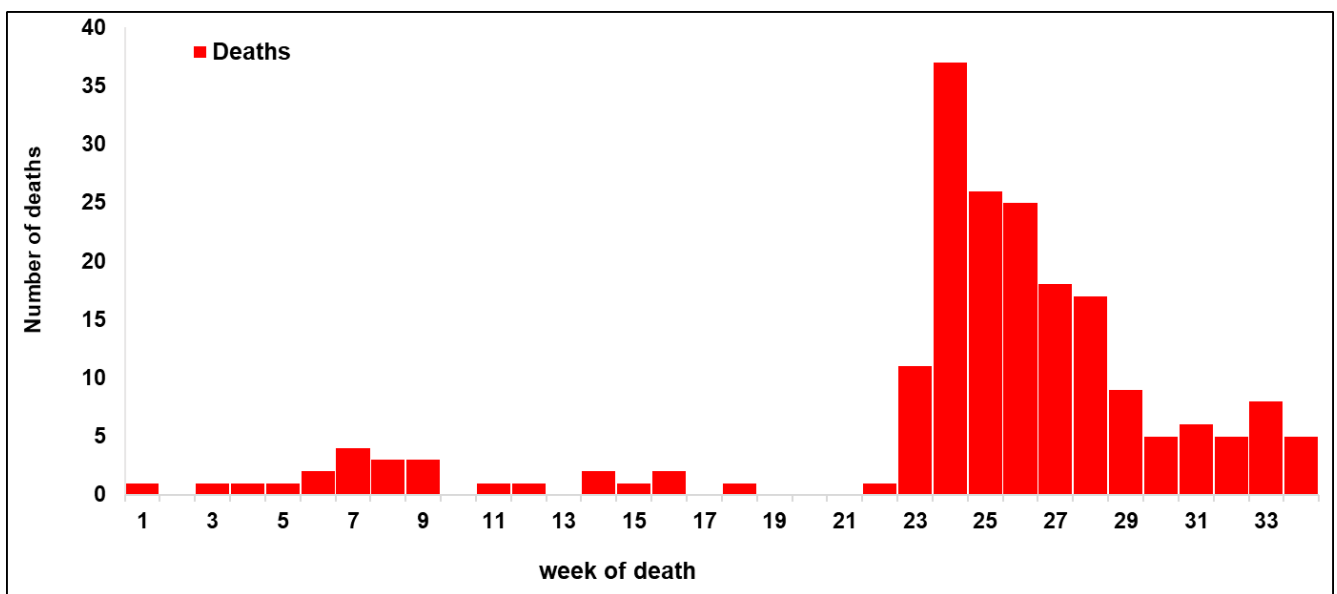


Figure 3: Trends in deaths, Epi weeks 1 - 34, 2024, Nigeria

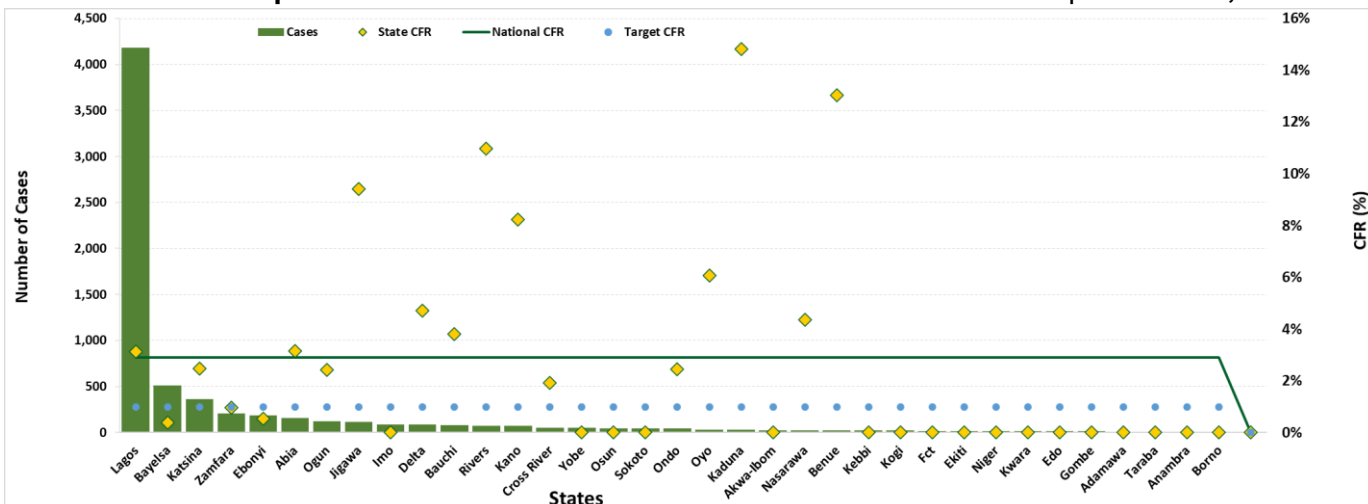


Figure 4: States' Cholera suspected cases by Case fatality ratio (CFR) Epi-weeks 1 - 34, 2024

Table 5: Top 9 States in cumulative suspected cases

No	State	Suspected cases	Percent of cumulative cases	Cumulative % of total cases
1	Lagos	4,180	62%	62%
2	Bayelsa	513	8%	69%
3	Katsina	365	5%	75%
4	Zamfara	210	3%	78%
5	Ebonyi	185	3%	80%
6	Abia	159	2%	83%
7	Ogun	124	2%	85%
8	Jigawa	117	2%	88%
9	Imo	88	1%	89%
Total		6058	89%	

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	576	8%	8%
2	Lagos Mainland	Lagos	536	8%	16%
3	Eti-Osa	Lagos	517	8%	24%
4	Ajeromi/Ifelodun	Lagos	336	5%	29%
5	Alimosho	Lagos	303	4%	33%
6	Epe	Lagos	236	3%	37%
7	Surulere	Lagos	236	3%	40%
8	Kosofe	Lagos	197	3%	46%
9	Southern Ijaw	Bayelsa	172	3%	49%
10	Apapa	Lagos	166	2%	51%
11	Ikorodu	Lagos	152	2%	53%
12	Mushin	Lagos	143	2%	56%
13	Ojo	Lagos	125	2%	57%
14	Shomolu	Lagos	122	2%	59%
Total			4014	59%	

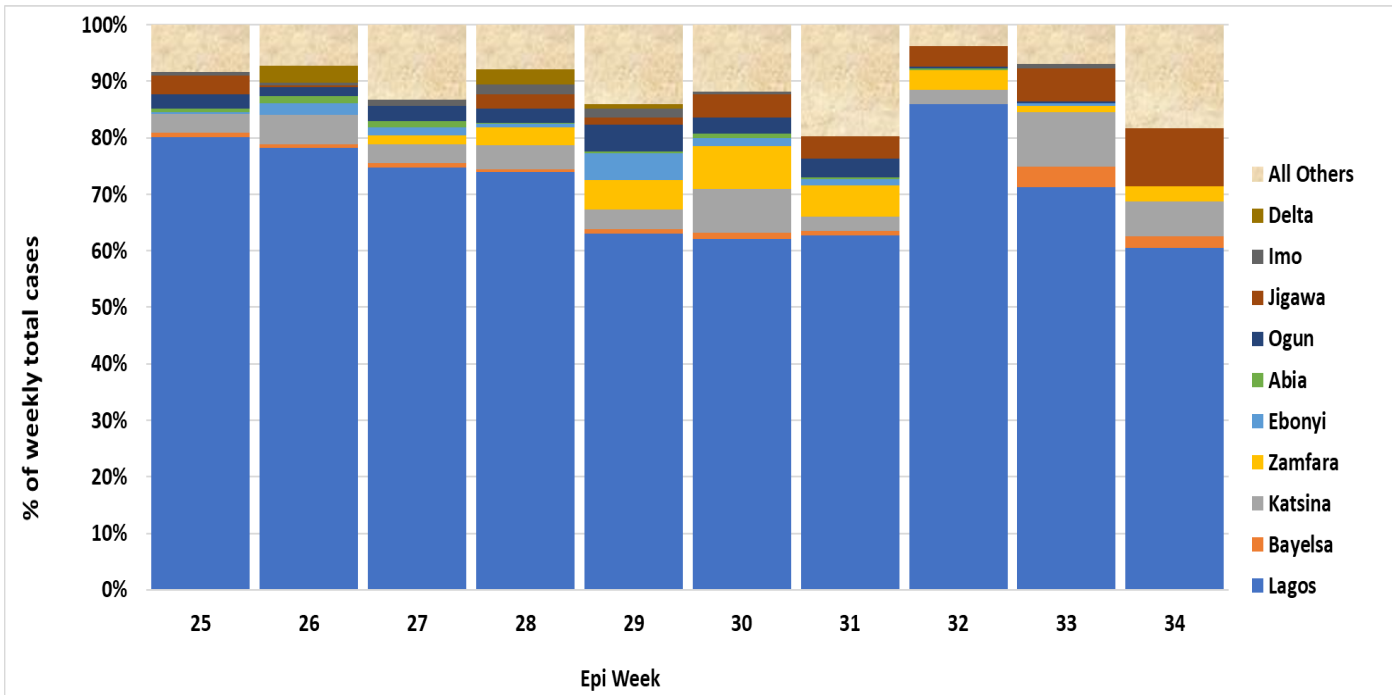


Figure 5: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

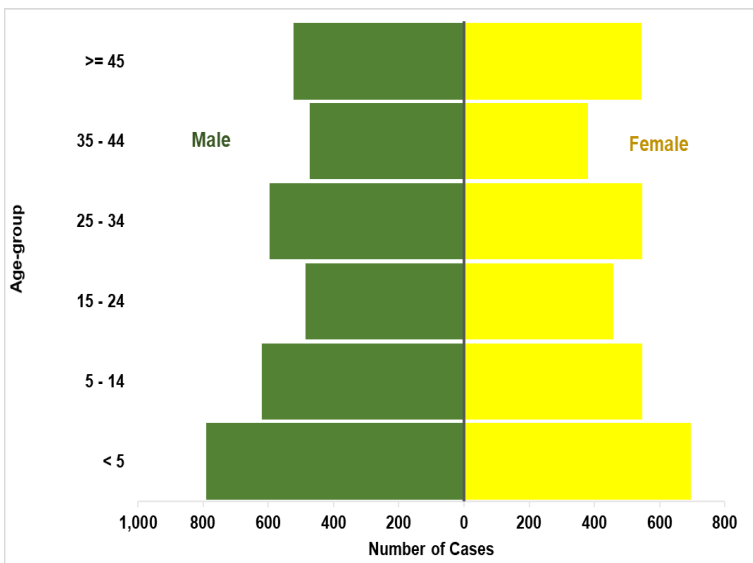


Figure 6. Age-Sex Pyramid for cumulative Cholera Cases, week 1-34 ,2024: N=6,691

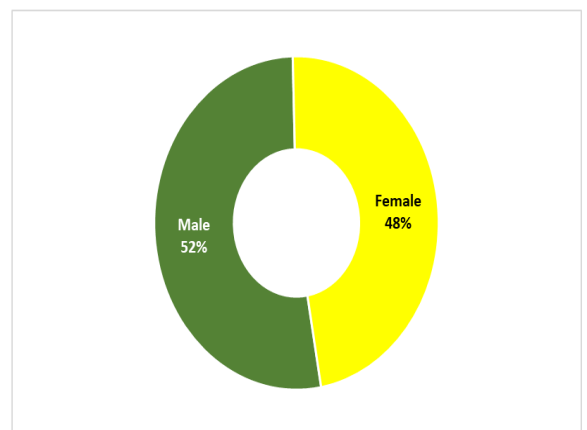


Figure 7. Sex disaggregation for cumulative Cholera cases, week 1-34, 2024: N=6,773

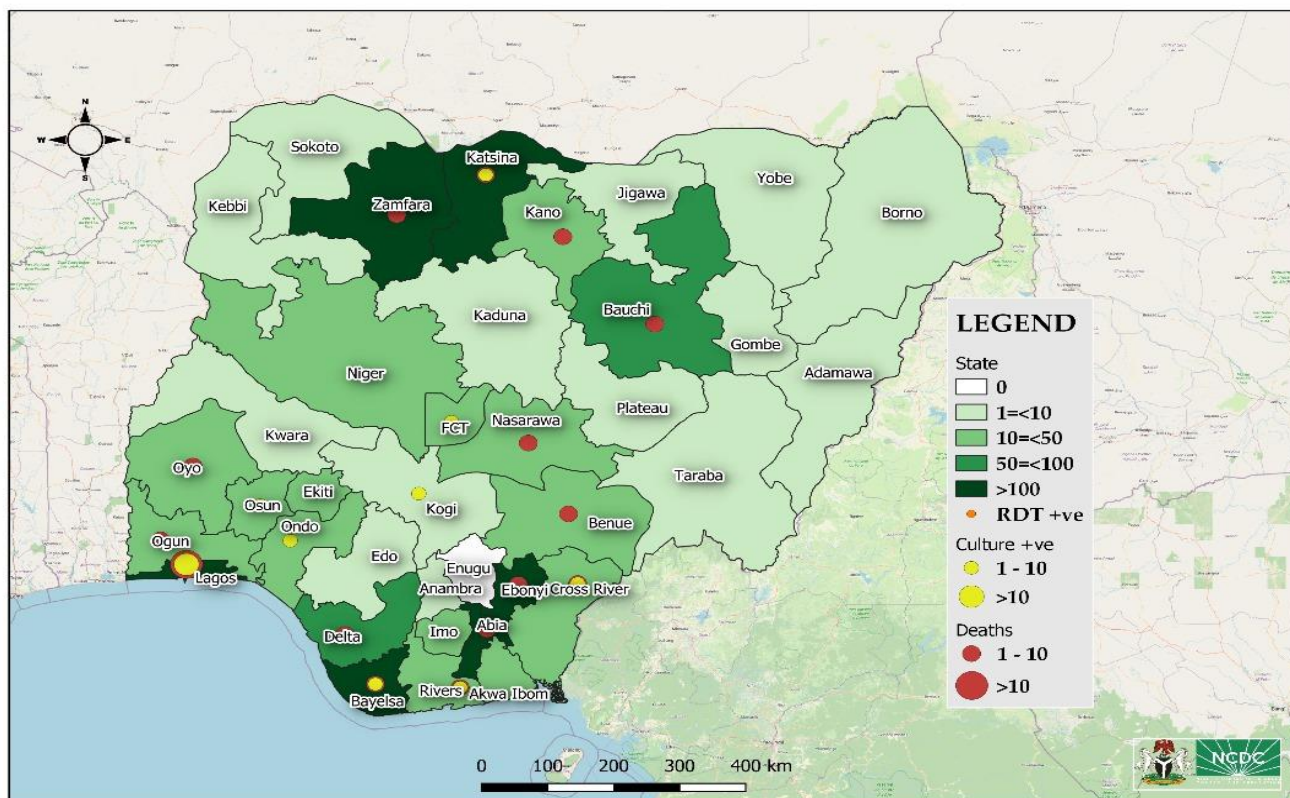


Fig. 8: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 34, 2024

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 34)						Cumulative (Week 1 - 34)				
			Cases		Deaths		Tests		Cases	Deaths	CFR	Tests	
			Cases	% change	Deaths	% change	RDT (%Pos)	Culture (%pos)				RDT (%Pos)	Culture (%pos)
1	Abia	Active							159	5	3.1%	38 (11%)	6 (0%)
2	Adamawa	Active		▼ 100%					10	-	0.0%		9 (0%)
3	Akwa-Ibom								26	-	0.0%	10 (0%)	15 (0%)
4	Anambra								4	-	0.0%	3 (0%)	1 (0%)
5	Bauchi								79	3	3.8%	5 (0%)	3 (33%)
6	Bayelsa	Active	3	▼ 67%			3 (100%)	3 (0%)	513	2	0.4%	51 (33%)	25 (4%)
7	Benue								23	3	13.0%	5 (0%)	1 (0%)
8	Borno								3	-	0.0%	1 (0%)	
9	Cross River								52	1	1.9%	28 (7%)	9 (11%)
10	Delta								85	4	4.7%	26 (27%)	
11	Ebonyi	Active		▼ 100%					185	1	0.5%	17 (12%)	
12	Edo	Active	11	▲ 100%			11 (0%)		16	-	0.0%	15 (0%)	
13	Ekiti								18	-	0.0%	5 (20%)	2 (0%)
14	Fct								19	-	0.0%		4 (25%)
15	Gombe								14	-	0.0%	4 (25%)	8 (0%)
16	Imo	Active		▼ 100%					88	-	0.0%	47 (2%)	9 (0%)
17	Jigawa	Active	15		4	▲ 100%			117	11	9.4%	5 (0%)	5 (0%)
18	Kaduna	Active	4	▼ 71%		▼ 100%	3 (0%)		27	4	14.8%	13 (8%)	
19	Kano	Active							73	6	8.2%	16 (19%)	
20	Katsina	Active	9	▼ 64%	1				365	9	2.5%	65 (5%)	46 (4%)
21	Kebbi								22	-	0.0%	11 (0%)	
22	Kogi								21	-	0.0%	21 (10%)	20 (40%)
23	Kwara	Active							16	-	0.0%	14 (0%)	1 (0%)
24	Lagos	Active	89	▼ 52%		▼ 100%	89 (4%)	77 (1%)	4,180	131	3.1%	2645 (7%)	1746 (4%)
25	Nasarawa								23	1	4.3%	2 (0%)	2 (0%)
26	Niger								16	-	0.0%	3 (0%)	2 (0%)
27	Ogun	Active		▼ 100%					124	3	2.4%	25 (44%)	16 (13%)
28	Ondo	Active		▼ 100%					41	1	2.4%	25 (16%)	8 (13%)
29	Osun								47	-	0.0%	8 (0%)	37 (3%)
30	Oyo								33	2	6.1%	22 (0%)	4 (0%)
31	Plateau								1	-	0.0%	1 (0%)	
32	Rivers								73	8	11.0%	2 (50%)	8 (75%)
33	Sokoto								42	-	0.0%		6 (0%)
34	Taraba								9	-	0.0%	1 (0%)	4 (0%)
35	Yobe	Active	12	▲ 1100%					48	-	0.0%	19 (0%)	8 (0%)
36	Zamfara	Active	4	▲ 33%			2 (100%)		210	2	1.0%	65 (60%)	
National		16	147	▼ 43%	5	▼ 38%	108 (8%)	80 (1%)	6,782	197	2.9%	3218 (9%)	2005 (5%)

*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
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 (FMEEnv), National Primary Health Care Development Agency (NPHCDA) and Development Partners • Activation of EOC • Deployment of NRRT to 6 states 	<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 • Surveillance Data validation and harmonization • Supporting active case search in hotspot LGAs and linking cases to treatment centers 	<ul style="list-style-type: none"> • Continue data collation and harmonisation • Ongoing 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 • Case management data validation and harmonization across treatment centers • Deployment of Facility Assessment tool to treatment centers on case management and IPC. • On the Job support to treatment facilities on case management data entry, validation and reporting 	<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"> • Collect samples of all water sources and food samples in all the affected LGAs. Inspect water production facilities and collect environmental samples. • Supported ongoing testing across state-level laboratories at NCDC National Reference Laboratory (NRL), Abuja and CPHL Yaba - Lagos • Identification of laboratories for possible optimization for cholera diagnosis 	<ul style="list-style-type: none"> • Ongoing sub-national level training of Laboratory Scientists on sample collection and analysis • Ongoing finalization of cholera diagnostics guidelines and SOP

	<ul style="list-style-type: none"> • Training of laboratory staff on sample collection, diagnosis and reporting 	
WASH	<ul style="list-style-type: none"> • 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 • 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 • Advocacy visits to the community and traditional leaders for Cholera prevention and treatment sensitization 	<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 • Continue sensitization of community and traditional leaders
State Response	Multi-sectoral State-level Emergency Operation Centres (EOCs) activated in Lagos State	Continue supporting state response activities

Challenges

- lack of fund to implement IAP
- 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
- Inadequate trained personnel in states for case management
- No IEC materials at community level
- Inadequate consumables and supplies for case management

- Inadequate logistics for active case search
- Inadequate WASH infrastructure and supplies including wastewater management facilities
- 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.

Next Steps

- Implementation of IAP costed activities
- 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
- State/LGA Surveillance officers to intensify community and facility based Active case search and follow-up weekly to reduce late/non reporting.
- Conduct Healthcare workers' training on IPC in prioritized health facilities
- Sensitization of identified hotspot communities on Cholera prevention

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 for epi week 1 - 4 (14) were added*
- *A backlog of suspected cases for epi week 5 - 8 (10) were added*
- *A backlog of suspected cases for epi week 13 - 17 (4) were added*
- *A backlog of suspected cases for epi week 18 - 22 (6) were added*
- *A backlog of suspected cases for epi week 23 - 26 (18) were added*
- *A backlog of suspected cases for epi week 27 - 30 (114) were added*

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 25th AUGUST 2024