



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 08

Epidemiological week 31-34: (31 July - 27 August, 2023)

Key Points

Table 1: Current Epi-summary for week 34, 2023

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
62	3	4.8%	4	10

Table 2: Cumulative suspected cases (Epi week 1 - 34, 2023)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
2860	84	2.9%	25	124

Months	Epi-Weeks	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	573	21	3.7%	14	44
February	5 - 9	1083	29	2.7%	14	54
March	10 - 13	305	2	0.7%	14	41
April	14 - 17	136	3	2.2%	10	29
May	18 - 21	167	3	1.8%	11	26
June	22 - 26	215	6	2.8%	13	29
July	27 - 30	171	10	5.8%	11	29
August	31 - 34	210	10	4.8%	8	22

Table 3: Summary of monthly reported cases (Epi week 1 - 34, 2023)

	Week	Week	
	1	34	
Summary	2022	2023	% Change
Suspected Cases	7,695	2,860	-63%
Deaths	258	84	-67%
CFR	3.4%	2.9%	-12%

Table 4: Comparison of cumulative cases as at week 34, 2022 and 2023

Week 34 Highlight

- 62 new cases were reported, 3 deaths with CFR = 4.8%
- 4 States Adamawa (1), Bauchi (2), Bayelsa (2) and Zamfara (57) reported cases of Cholera within the Epidemiological week

In the reporting month,

- 8 States have reported 210 suspected cases of Cholera, Zamfara (190), Kano (7), Bayelsa (5), Bauchi (2), Niger (2), Borno (2), while Gombe and Adamawa reported (1) case each
- 10 Deaths were recorded with CFR = 2.8%
- 21 Rapid Diagnostic Tests (RDT) were conducted with 9 positive results (Zamfara – 8 and Bayelsa – 1)
- 26 stool culture tests were conducted with 3 positive results (Zamfara – 2 and Adamawa – 2)
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary for 2023

- As of 27th August 2023, a total of 2,860 suspected cases including 84 deaths (CFR 2.9%) have been reported from 25 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, 51% are males and 49% are females
- Zamfara (787 cases) accounts for 28% of all suspected cases in the country of the 25 States that have reported cases of cholera
- Obubra LGA (515 cases) in Cross River State accounts for 18% of all suspected cases reported in the country
- Of the affected States, Cross River (718 cases), Katsina (302 cases), Bayelsa (265 cases), Ebonyi (227 cases), Niger (136 cases) and Abia (118 cases) account for 62% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year have decreased by 63% compared to what was reported as at Epi-week 34 in 2022. Likewise, cumulative deaths recorded have decreased by 67% in 2023

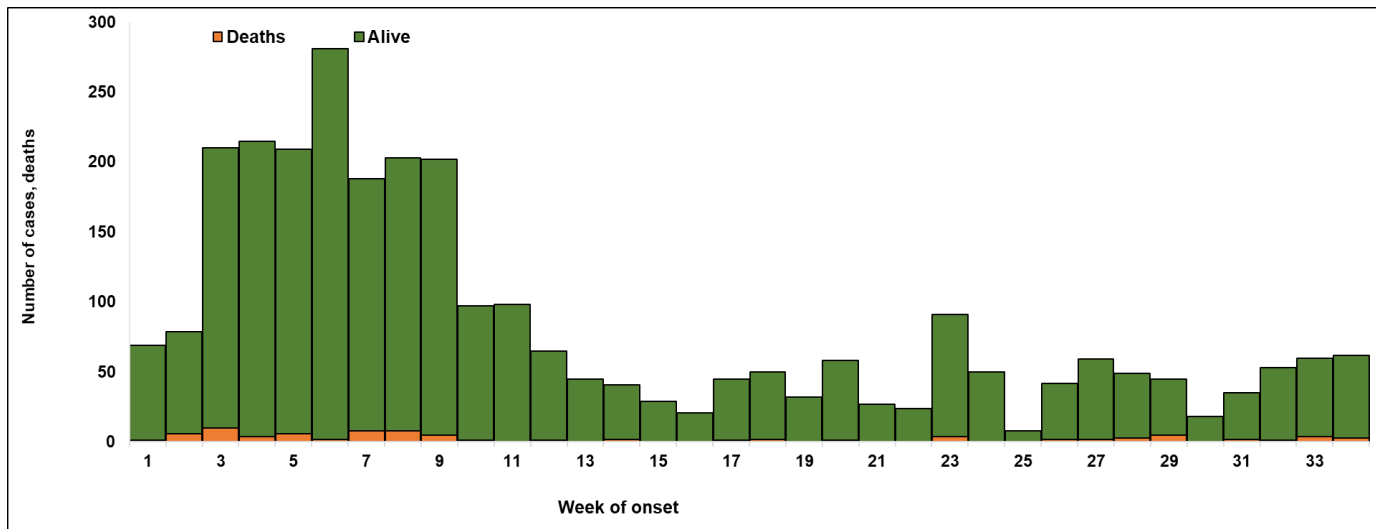


Figure 1: National Epidemic curve of weekly reported Cholera cases, week 1 to week 34, 2023

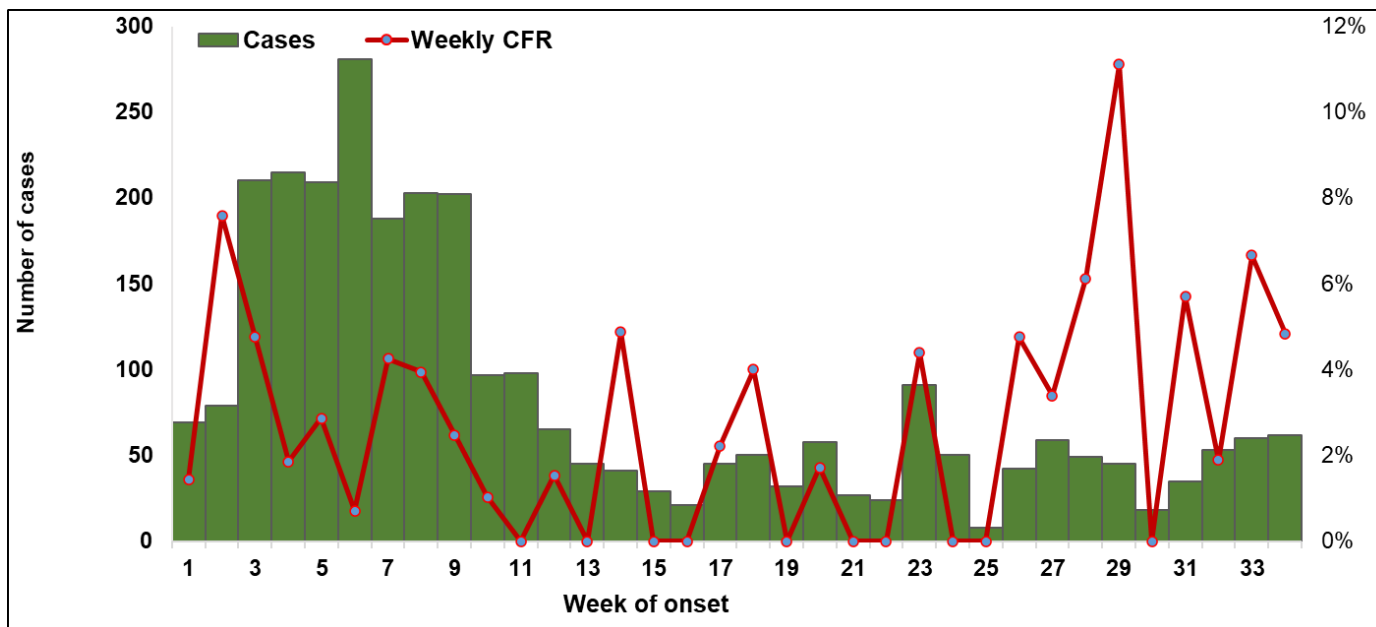


Figure 5: Trends in Case Fatality Ratio (CFR), Epi weeks 1 - 34, 2023, Nigeria

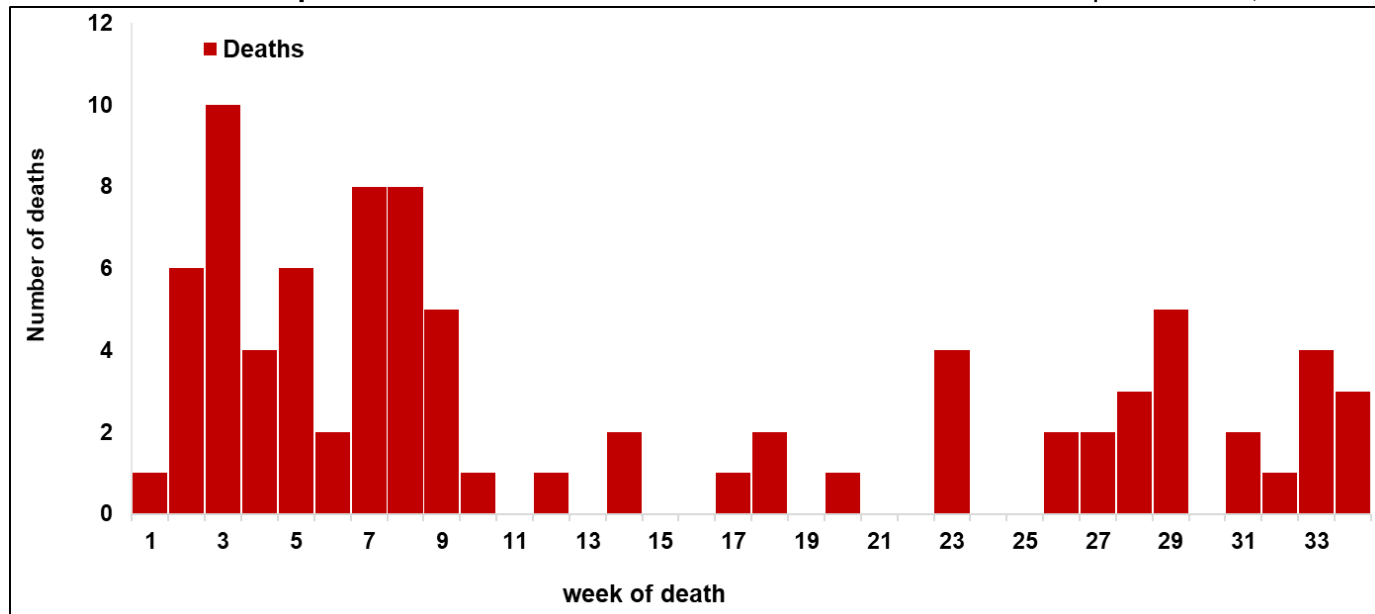


Figure 6: Trends in deaths, weeks 1 - 34, 2023, Nigeria

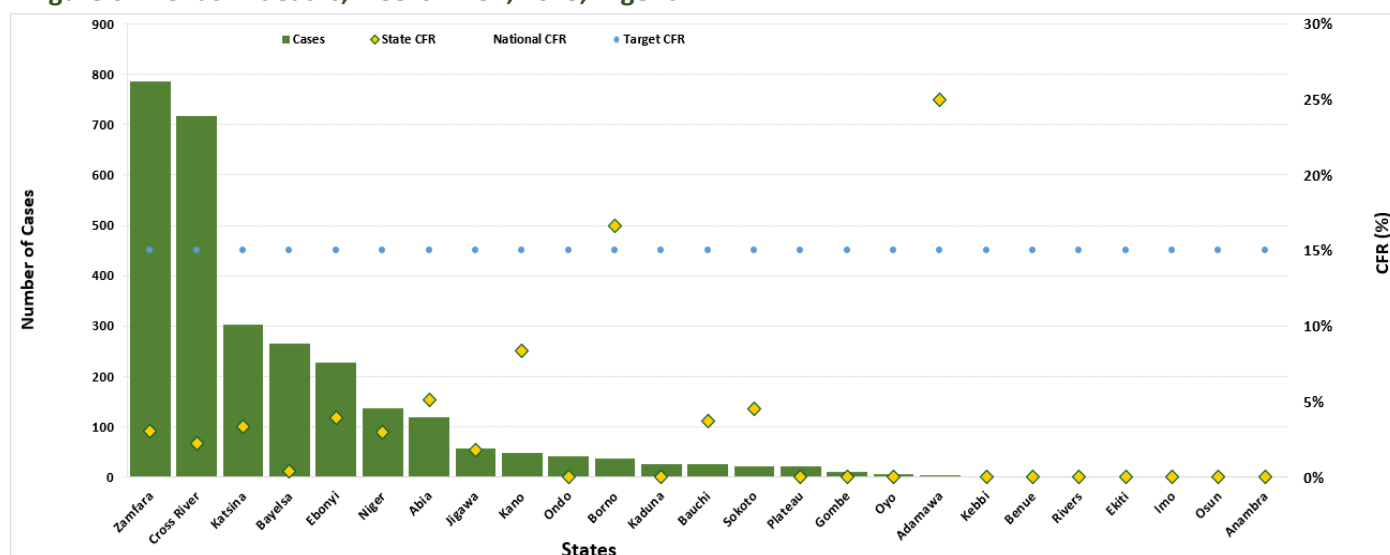


Figure 7: States' Cholera cases by Case fatality ratio (CFR) Epi-weeks 1 - 34, 2023

Table 4: Top 10 states in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Zamfara	787	28%	28%
2	Cross River	718	25%	53%
3	Katsina	302	11%	63%
4	Bayelsa	265	9%	72%
5	Ebonyi	227	8%	80%
6	Niger	136	5%	85%
7	Abia	118	4%	89%
8	Jigawa	56	2%	93%
9	Kano	48	2%	93%
10	Ondo	42	1%	94%
Total		2699	94%	

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

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Obubra	Cross River	515	18%	18%
2	Gusau	Zamfara	372	13%	31%
3	Ikwo	Ebonyi	146	5%	36%
4	Bungudu	Zamfara	145	5%	41%
5	Abi	Cross River	80	3%	44%
6	Yenagoa	Bayelsa	77	3%	47%
7	Southern Ijaw	Bayelsa	74	3%	49%
8	Umuahia North	Abia	69	2%	54%
9	Talata Mafara	Zamfara	59	2%	54%
10	Bakura	Zamfara	58	2%	56%
11	Maradun	Zamfara	53	2%	58%
12	Ikom	Cross River	44	2%	59%
13	Mokwa	Niger	38	1%	60%
14	Funtua	Katsina	37	1%	62%
15	Sumaila	Kano	36	1%	63%
Total			1803	63%	

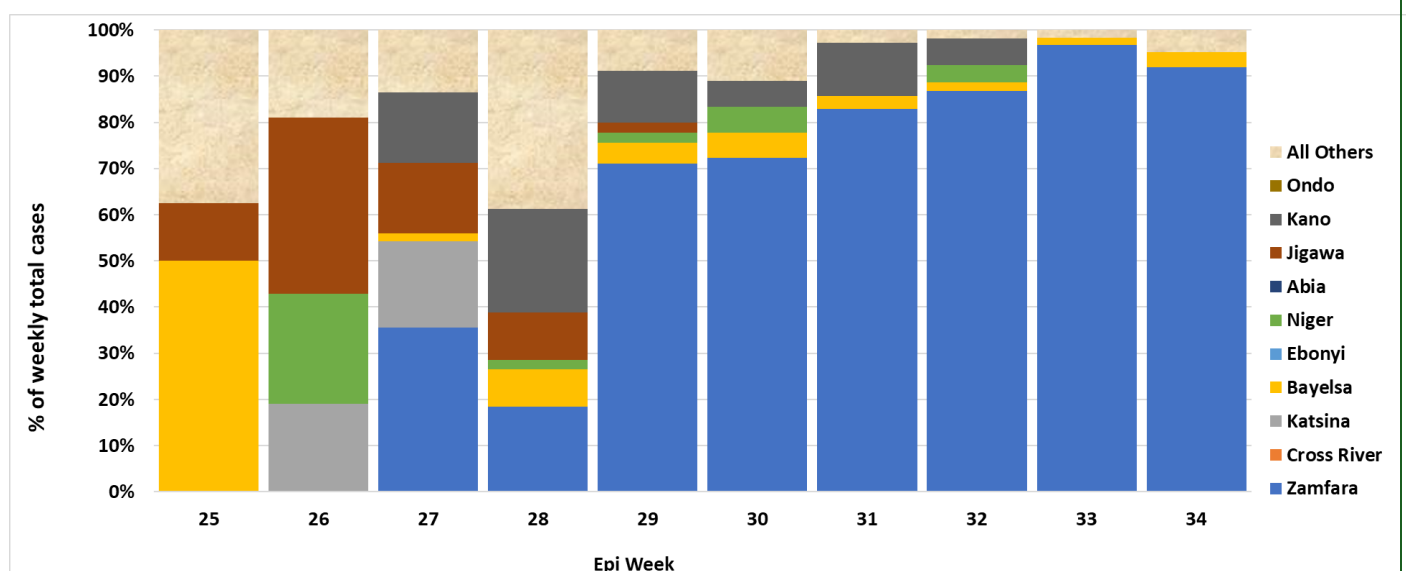


Figure 8: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

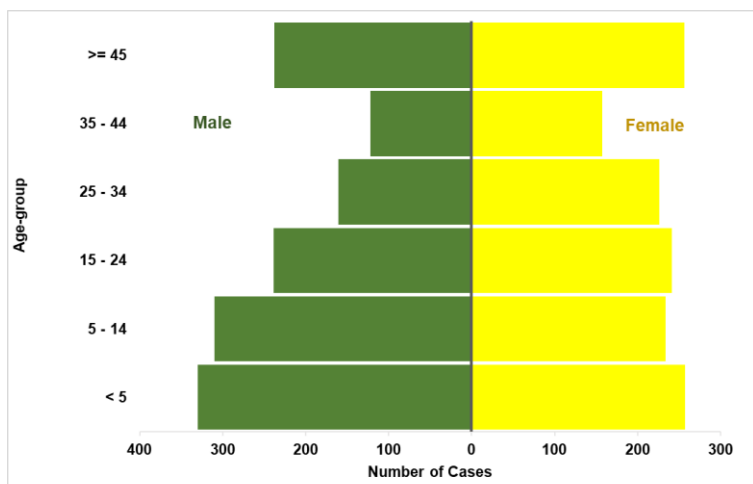


Figure 9. Age-Sex Pyramid for cumulative Cholera Cases, week 1-34 , 2022: N=2,858

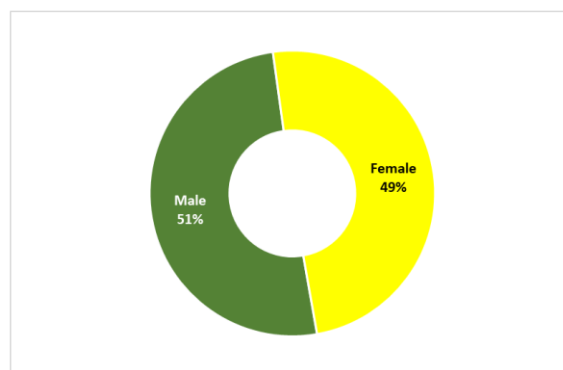


Figure 10. Sex disaggregation for cumulative Cholera cases, week 1-34 , 2022: N=2,858

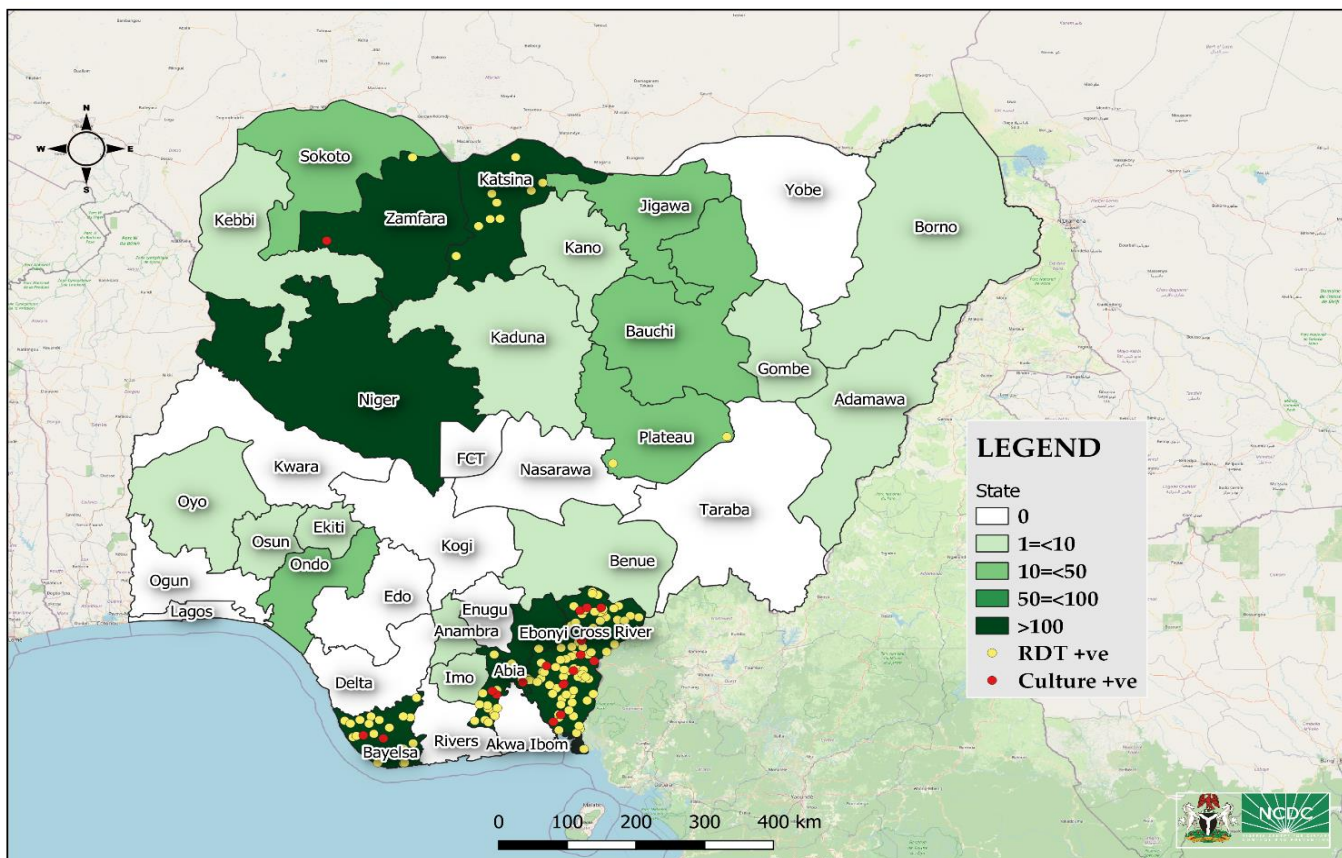


Fig. 11: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 34, 2023

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

	States Reporting cases in 2023	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	Zamfara	Active	57	▼ 2%	3	▼ 25%	4 (75%)	13 (0%)	787	24	3.0%	81 (57%)	49 (35%)
2	Cross River								718	16	2.2%	227 (34%)	63 (19%)
3	Katsina								302	10	3.3%	33 (30%)	44 (0%)
4	Bayelsa	Active	2	▲ 100%					265	1	0.4%	99 (21%)	21 (10%)
5	Ebonyi								227	9	4.0%	5 (0%)	
6	Niger	Active							136	4	2.9%		60 (0%)
7	Abia								118	6	5.1%	56 (25%)	3 (100%)
8	Jigawa								56	1	1.8%	1 (0%)	28 (0%)
9	Kano	Active							48	4	8.3%		
10	Ondo								42	-	0.0%	11 (0%)	8 (0%)
11	Borno	Active		▼ 100%					36	6	16.7%		16 (50%)
12	Kaduna								27	-	0.0%		5 (0%)
13	Bauchi	Active	2	▲ 100%				1 (0%)	27	1	3.7%		4 (0%)
14	Sokoto								22	1	4.5%		13 (0%)
15	Plateau								21	-	0.0%	1 (100%)	1 (100%)
16	Gombe								10	-	0.0%		3 (33%)
17	Oyo								5	-	0.0%		
18	Adamawa	Active	1	▲ 100%				1 (100%)	4	1	25.0%		4 (25%)
19	Kebbi								2	-	0.0%	1 (0%)	1 (0%)
20	Benue								2	-	0.0%		2 (0%)
21	Rivers								1	-	0.0%		1 (0%)
22	Ekiti								1	-	0.0%		1 (0%)
23	Imo								1	-	0.0%		1 (0%)
24	Osun								1	-	0.0%		
25	Anambra								1	-	0.0%		
	National	7	62	▲ 3%	3	▼ 25%	4 (75%)	15 (7%)	2,860	84	2.9%	515 (33%)	328 (14%)

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 harmonization • 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 	<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"> • Ongoing sub-national level training of Laboratory Scientists on sample collection and analysis • Ongoing 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 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 	<ul style="list-style-type: none"> • Continue distribution of hygiene kits to affected states

	workshop	
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.
- 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 ≥ 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 27 - 30 (94) was added*
- *A backlog of deaths in suspected cases from epi week 27 - 30 (7) was added*

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 27th August 2023