



# Cholera Situation Report

## MONTHLY EPIDEMIOLOGICAL REPORT 05

Epidemiological week 18-21: (01 May - 28 May, 2023)

### Key Points

Table 1: Cumulative summary from Epi week 1- 21, 2023

| Suspected Cases | Deaths (Suspected cases) | Case Fatality Ratio (%) | States Reporting Cases | LGAs Reporting cases |
|-----------------|--------------------------|-------------------------|------------------------|----------------------|
| 1851            | 52                       | 2.8%                    | 22                     | 80                   |

Table 2: Summary of monthly reported cases (Epi week 1 - 21)

| Months   | Epi- Weeks | Suspected Cases | Deaths (Suspected cases) | Case Fatality Ratio (%) | States Reporting Cases | LGAs Reporting cases |
|----------|------------|-----------------|--------------------------|-------------------------|------------------------|----------------------|
| January  | 1 - 4      | 567             | 21                       | 3.7%                    | 14                     | 43                   |
| February | 5 - 9      | 929             | 27                       | 2.9%                    | 15                     | 50                   |
| March    | 10 - 13    | 230             | 2                        | 0.9%                    | 12                     | 30                   |
| April    | 14 - 17    | 92              | 2                        | 2.2%                    | 7                      | 20                   |
| May      | 18 - 21    | 33              | 0                        | 0                       | 3                      | 6                    |

## Week 21 Highlight

- No reported case of cholera

### In the reporting month,

- 3 States have reported suspected cases, Plateau (16), Bayelsa (9) and Kaduna (8)
- 8 Rapid Diagnostic Tests (RDT) were conducted, with 4 positive results
- 3 stool culture tests were conducted with no positive
- Of the cases reported, there was no death
- National multi-sectoral Cholera TWG continues to monitor response across states

## Cumulative Epi-Summary for 2023

- As of **28th May 2023**, a total of **1851 suspected cases including 52 deaths (CFR 2.8%)** have been reported from 22 states
- Of the suspected cases since the beginning of the year, age groups **<5 years** are mostly affected, followed by the age groups **>45 years** in aggregate of both males and females
- Of all suspected cases, **53% are males and 47% are females**
- Cross River (718 cases) accounts for 39% of all suspected cases in the country of the 22 States that have reported cases of cholera
- Obubra LGA (515 cases) in Cross River State accounts for 28% of all suspected cases reported in the country.
- Other States; Ebonyi (227 cases), Zamfara (216 cases), Bayelsa (204 cases), Katsina (187 cases), Abia (118 cases) and Niger (94 cases) account for 56% of the suspected cases this year

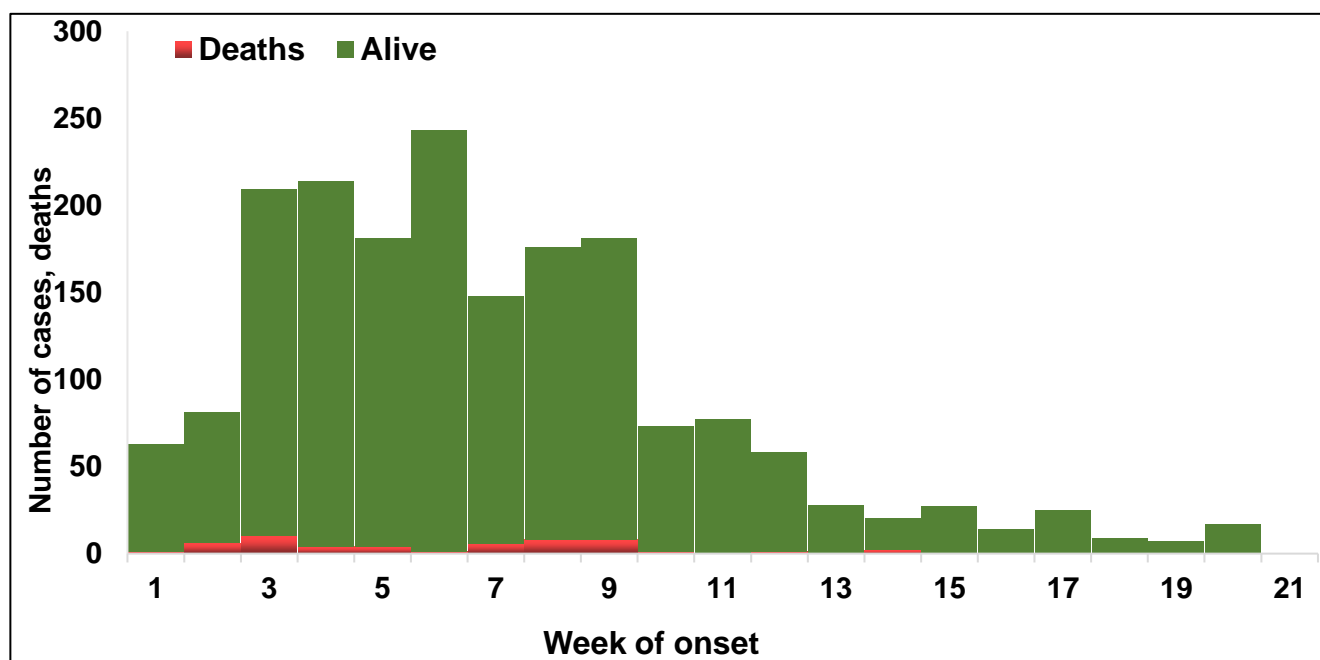


Figure 1: National Epidemic curve of weekly reported Cholera cases, week 1 to week 21, 2023

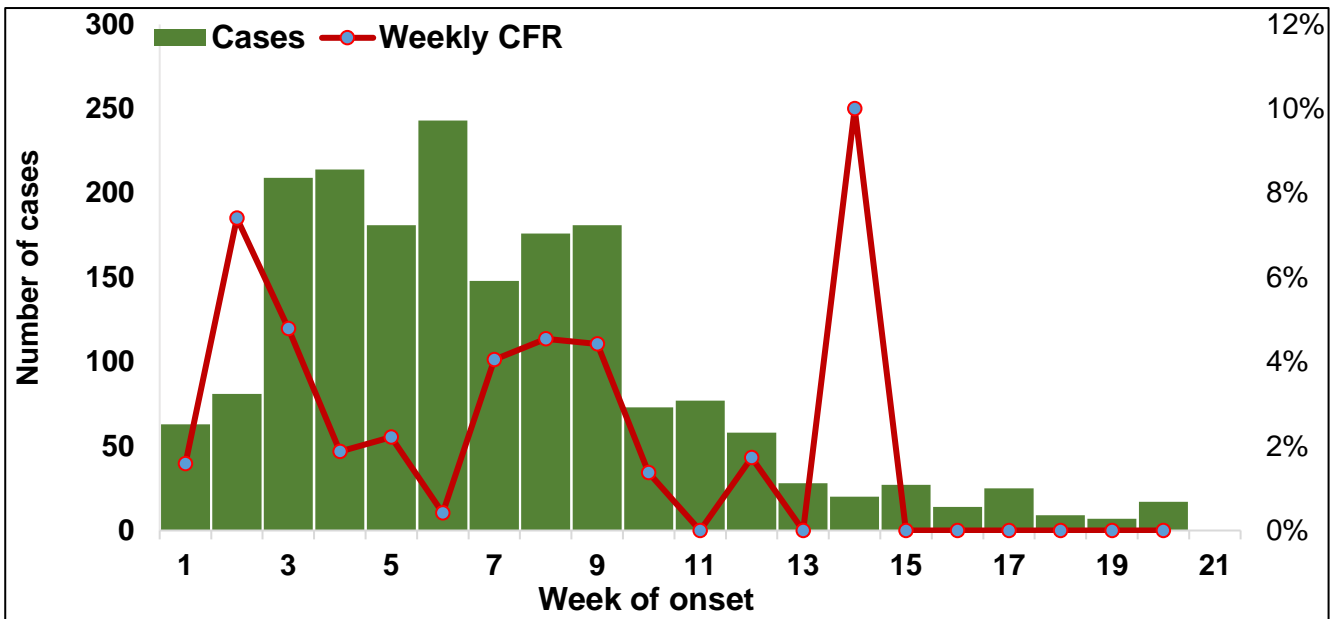


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 - 21, 2023, Nigeria

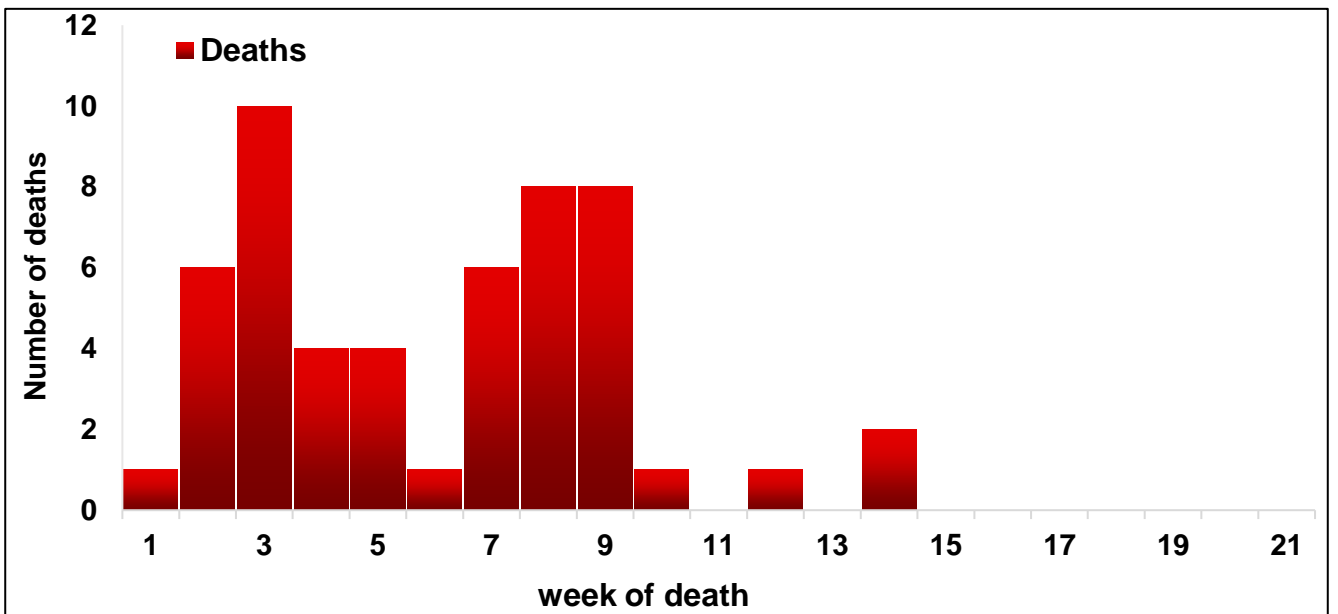


Figure 3: Trends in deaths, weeks 1 - 21, 2023, Nigeria

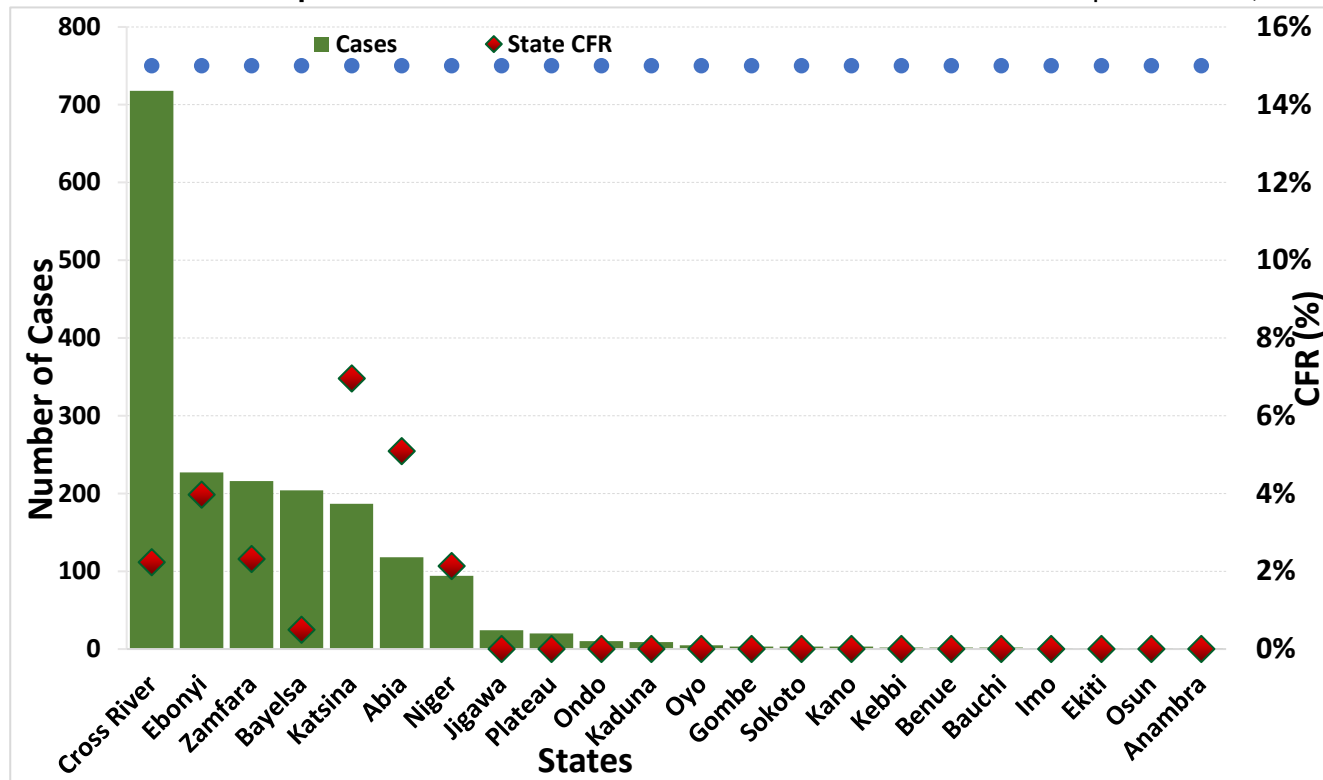


Figure 4: Number of cumulative cholera cases with case fatality ratio (CFR) by state, weeks 1 - 21, 2023

Table 3: Top 10 states in cumulative cases

| No           | State       | Suspected Cases | % Suspected cases | Cumulative % of suspected cases |
|--------------|-------------|-----------------|-------------------|---------------------------------|
| 1            | Cross River | 718             | 39%               | 39%                             |
| 2            | Ebonyi      | 227             | 12%               | 51%                             |
| 3            | Zamfara     | 216             | 12%               | 63%                             |
| 4            | Bayelsa     | 204             | 11%               | 74%                             |
| 5            | Katsina     | 187             | 10%               | 84%                             |
| 6            | Abia        | 118             | 6%                | 90%                             |
| 7            | Niger       | 94              | 5%                | 95%                             |
| 8            | Jigawa      | 24              | 1%                | 96%                             |
| 9            | Plateau     | 20              | 1%                | 97%                             |
| 10           | Ondo        | 10              | 1%                | 98%                             |
| <b>Total</b> |             | <b>1818</b>     | <b>98%</b>        |                                 |

Table 4: Top 15 Local Government Areas (LGAs) in cumulative cases

| S/No         | LGA           | State       | Suspected Cases | % of Suspected cases | Cumulative % of Suspected Cases |
|--------------|---------------|-------------|-----------------|----------------------|---------------------------------|
| 1            | Obubra        | Cross River | 515             | 28%                  | 28%                             |
| 2            | Gusau         | Zamfara     | 175             | 9%                   | 37%                             |
| 3            | Ikwo          | Ebonyi      | 146             | 8%                   | 45%                             |
| 4            | Abi           | Cross River | 80              | 4%                   | 49%                             |
| 5            | Southern Ijaw | Bayelsa     | 72              | 4%                   | 53%                             |
| 6            | Yenagoa       | Bayelsa     | 69              | 4%                   | 57%                             |
| 7            | Umuahia North | Abia        | 69              | 4%                   | 61%                             |
| 8            | Ikom          | Cross River | 44              | 2%                   | 63%                             |
| 9            | Mokwa         | Niger       | 38              | 2%                   | 65%                             |
| 10           | Afikpo North  | Ebonyi      | 35              | 2%                   | 67%                             |
| 11           | Bungudu       | Zamfara     | 33              | 2%                   | 69%                             |
| 12           | Kaita         | Katsina     | 31              | 2%                   | 71%                             |
| 13           | Daura         | Katsina     | 29              | 2%                   | 73%                             |
| 14           | Etung         | Cross River | 29              | 2%                   | 75%                             |
| 15           | Kankara       | Katsina     | 27              | 1%                   | 76%                             |
| <b>Total</b> |               |             | <b>1392</b>     | <b>76%</b>           |                                 |

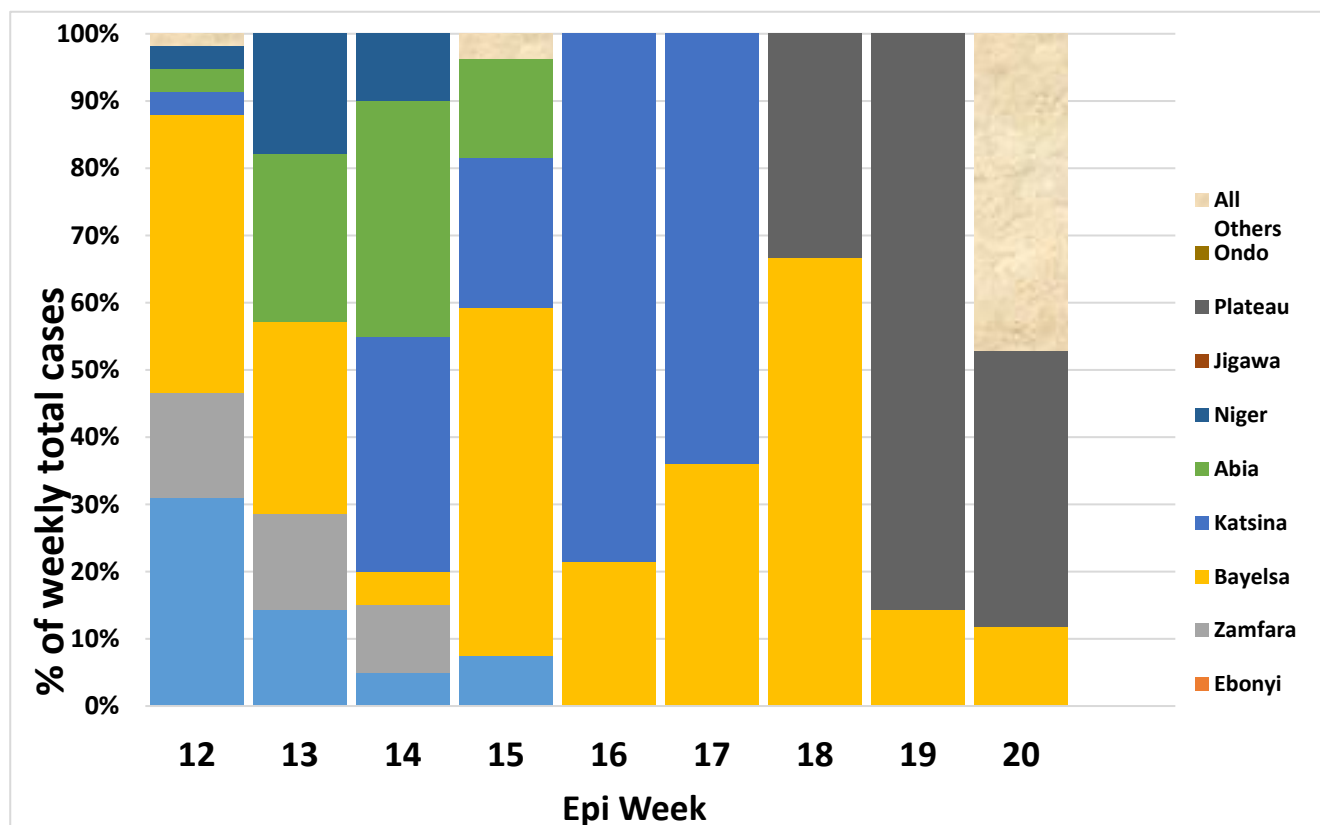


Figure 5: Proportion contribution of suspected cases by states in recent 10 epidemiology week

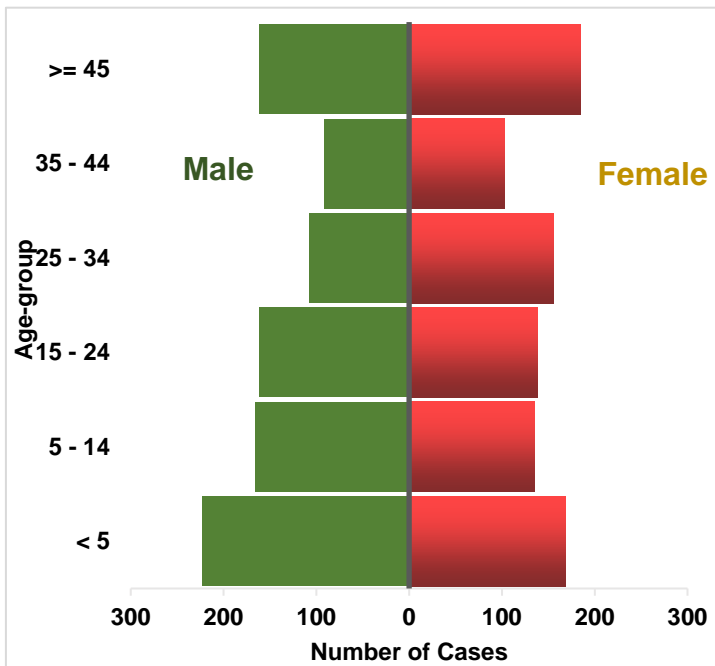


Figure 6: Age-Sex Pyramid for cumulative Cholera Cases, Weeks 1-21, 2023: N=1851

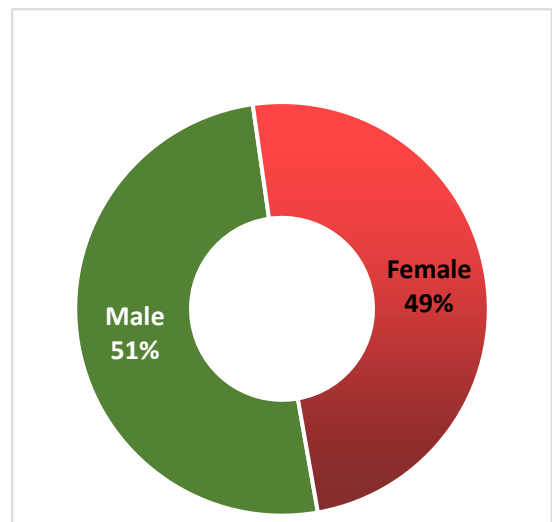


Figure 7: Sex disaggregation for cumulative Cholera cases, Weeks 1-21, 2023: N=1851

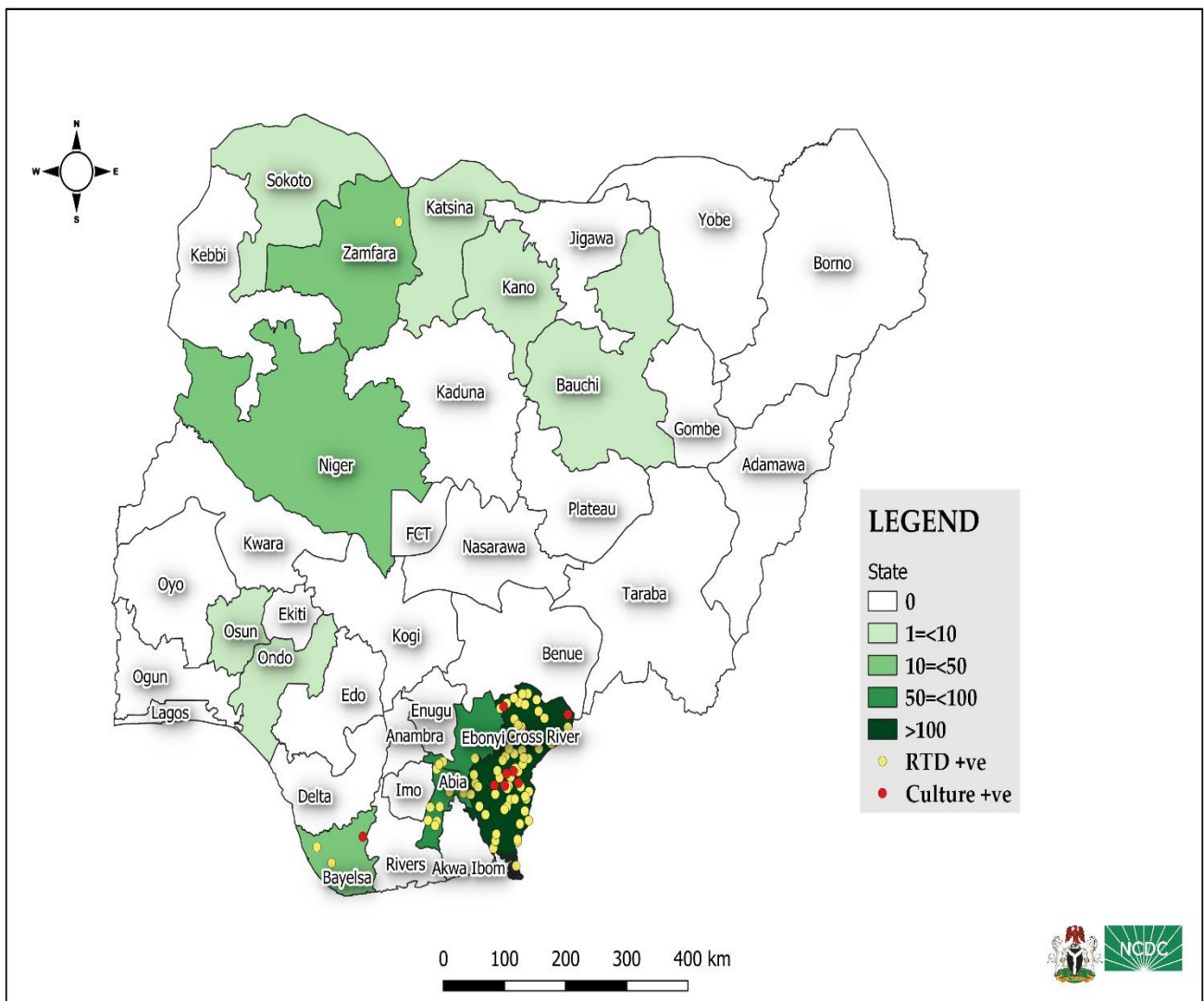


Fig. 7: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 21, 2023



**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> </ul> | <ul style="list-style-type: none"> <li>• Continue distribution of hygiene kits to affected states</li> </ul>   |



|                                    |   |  |
|------------------------------------|---|--|
|                                    | <ul style="list-style-type: none"> <li>Conducted WASH Sector review workshop</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> <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
- 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.

#### Erratum

- *A backlog of suspected cases from epi week 1 - 4 (1) was added.*
- *A backlog of death in suspected cases from epi week 1 - 4 (0) was added.*
- *A backlog of suspected cases from epi week 5 - 9 (66) was added.*
- *A backlog of death in suspected cases from epi week 5 - 9 (4) was added.*
- *A backlog of suspected cases from epi week 10 - 13 (34) was added.*
- *A backlog of death in suspected cases from epi week 10 - 13 (0) was added.*
- *A backlog of suspected cases from epi week 14 - 17 (45) was added.*
- *A backlog of death in suspected cases from epi week 14 - 17 (0) was added*

**DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 28th May, 2023**