



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 20

Epidemiological week 37: (9 September 2024 – 15 September 2024)

Key Points

Table 1: Current Epi-summary for week 37, 2024

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
282	11	3.9%	7	27

Table 2: Cumulative suspected cases (Epi week 1 - 37, 2024)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
8479	263	3.1%	36	294

Months	Epi-Weeks	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	346	3	0.9%	18	42
February	5 - 8	376	10	2.7%	23	49
March	9 - 12	320	5	1.6%	19	53
April	13 - 17	194	5	2.6%	18	42
May	18 - 22	145	2	1.4%	23	48
June	23 - 26	2569	100	3.9%	31	129
July	27 - 30	2103	51	2.4%	34	167
August	31 - 35	1780	65	3.7%	25	107
September	36 - 37	646	22	3.4	10	46

Table 3: Summary of monthly reported suspected cases (Epi week 1 - 37, 2024)

	Week		
	1 -- 37		
Summary	2023	2024	% Change
Suspected Cases	3,267	8,479	160%
Deaths	103	263	155%
CFR	3.2%	3.1%	-2%

Table 4: Comparison of cumulative suspected cases as at week 37, 2023 and 2024

Week 37 Highlight

- 282 new suspected cases were reported, 11 deaths with CFR = 3.2%
- 7 States reported 282 cases: Jigawa (103), Lagos (67), Bauchi (50), Adamawa (37), Kaduna (21), Oyo (3) and Yobe (1) reporting within the Epidemiological week

In the reporting month,

- States have reported 646 suspected cases of Cholera, Jigawa (221), Lagos (175), Bauchi (86), Katsina (66), Adamawa (39), Kaduna (25), Edo (13), Oyo (10), Kano (10) and Yobe (1)
- 22 Deaths was recorded with CFR = 3.4%
- 109 Rapid Diagnostic Tests (RDT) were conducted with 52 positive results
- 9 stool culture test was conducted and with 1 positive result
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary for 2024

- As of **15th September 2024**, a total of **8,479 suspected cases including 263 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, **52% are males and 48 are females**
- Lagos (4,580 cases) accounts for 54% of all suspected cases in the country of the 36 States that have reported cases of cholera
- Lagos Island LGA (594 cases) in Lagos State accounts for 7% of all suspected cases reported in the country
- Other States; Jigawa (698 cases), Katsina (545), Bayelsa (513 cases), Bauchi (303 cases), Zamfara (210 cases), Ebonyi (198), Rivers (166 cases), Abia (159 cases), Ogun (133 cases), Kano (90 cases), Imo (88 cases), Delta (85 cases), Oyo (76 cases), Kaduna (68), Adamawa (55), Edo (54 cases), Cross River (52 cases), Yobe (50 cases), Osun (49 cases), Sokoto (42 cases), Ondo (41 cases), Akwa Ibom (28 cases), Kogi (24 cases), Benue (23 cases), Nasarawa (23 cases), Kebbi (22 cases), Fct (19 cases), Ekiti (19 cases), Niger (17 cases), Gombe (16 cases) and Kwara (16 cases) account for 50.7% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year have increased by 160% compared to what was reported as at Epi-week 37 in 2023. Likewise, cumulative deaths recorded have increased by 155% in 2024

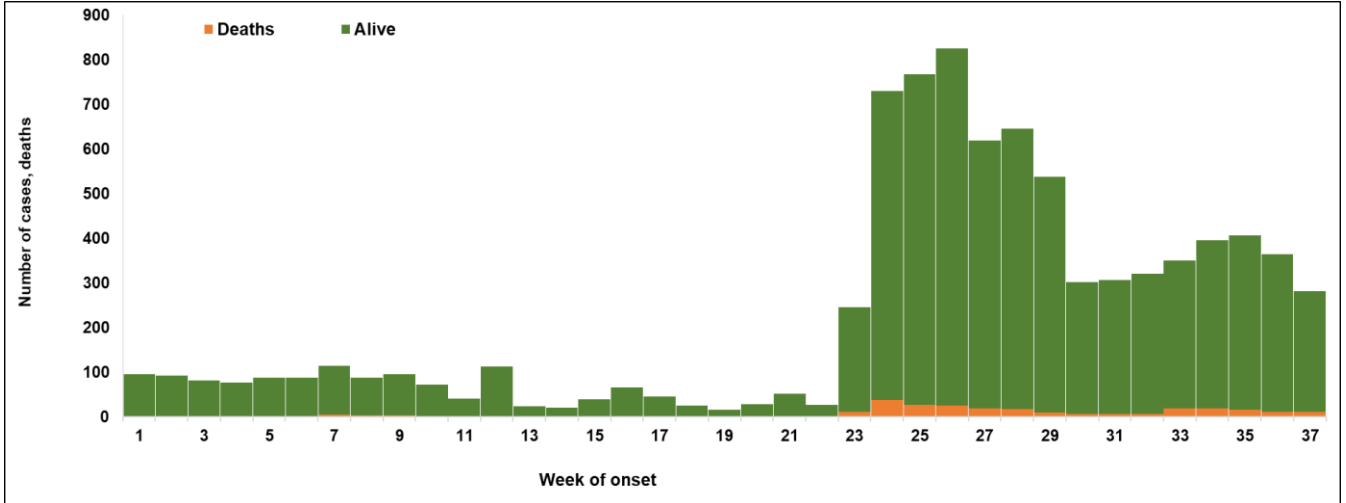


Figure 1: National epidemic curve of weekly reported Cholera suspected cases, week 1 to week 37, 2024

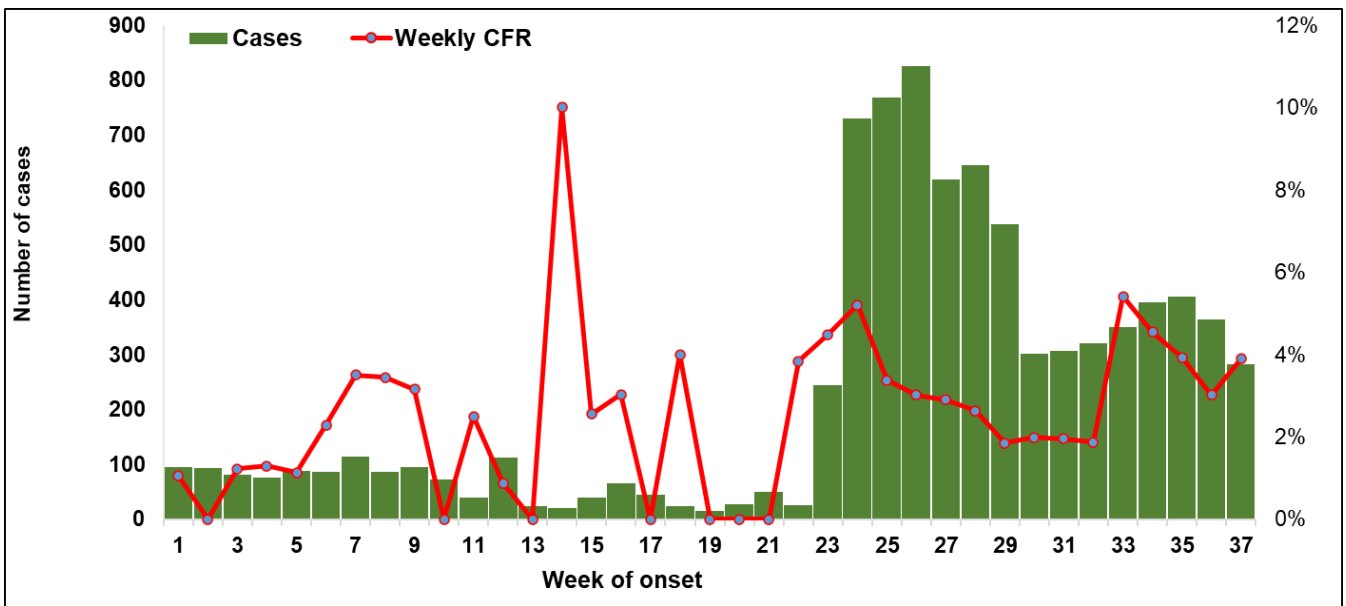


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 – 37, 2024, Nigeria

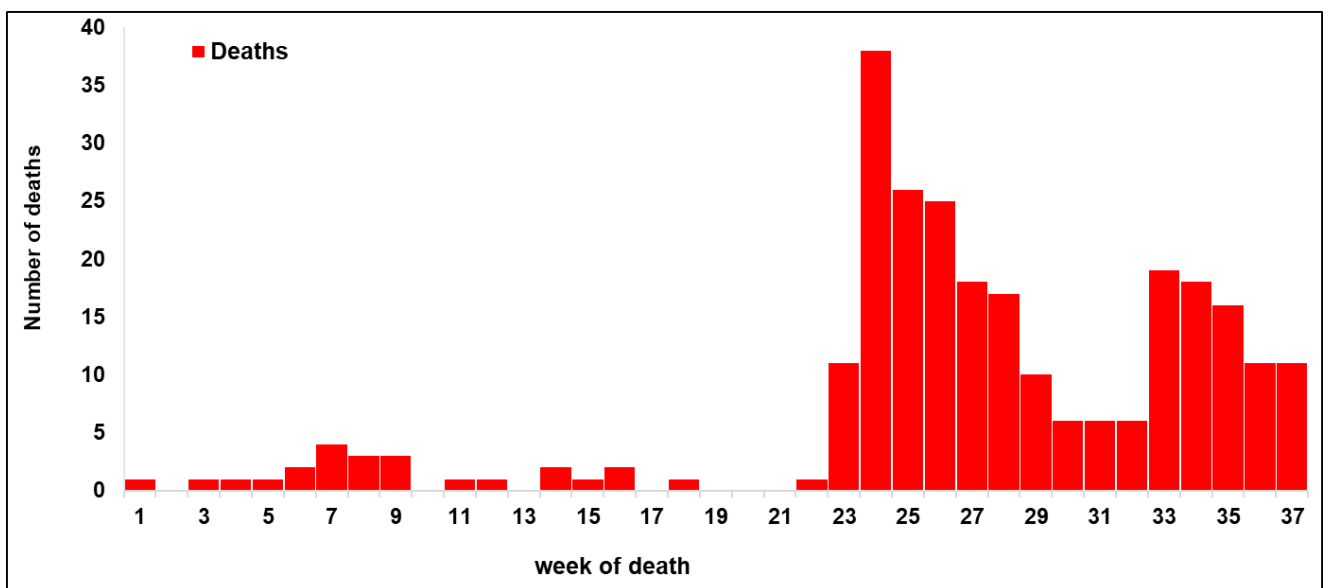


Figure 3: Trends in deaths, Epi weeks 1 - 37, 2024, Nigeria

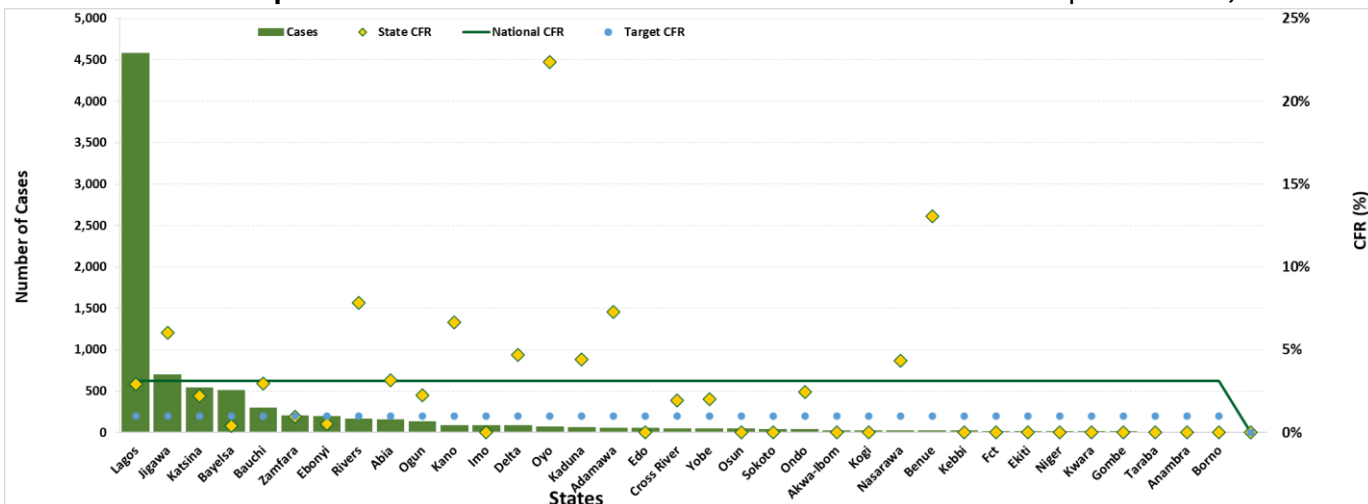


Figure 4: States' Cholera suspected cases by Case fatality ratio (CFR) Epi-weeks 1 - 37, 2024

Table 5: Top 9 States in cumulative suspected cases

No	State	Suspected cases	Percent of cumulative cases	Cumulative % of total cases
1	Lagos	4,580	54%	54%
2	Jigawa	698	8%	62%
3	Katsina	545	6%	69%
4	Bayelsa	513	6%	75%
5	Bauchi	303	4%	78%
6	Zamfara	210	2%	81%
7	Ebonyi	198	2%	83%
8	Rivers	166	2%	87%
9	Abia	159	2%	89%
Total		7538	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	594	7%	7%
2	Eti-Osa	Lagos	566	7%	14%
3	Lagos Mainland	Lagos	559	7%	20%
4	Alimosho	Lagos	396	5%	25%
5	Ajeromi/Ifelodun	Lagos	380	4%	29%
6	Epe	Lagos	279	3%	33%
7	Surulere	Lagos	266	3%	36%
8	Kosofe	Lagos	196	2%	40%
9	Apapa	Lagos	181	2%	43%
10	Ikorodu	Lagos	179	2%	45%
11	Auyo	Jigawa	177	2%	47%
12	Southern Ijaw	Bayelsa	172	2%	49%
13	Mushin	Lagos	146	2%	51%
14	Mashi	Katsina	139	2%	52%
Total			4426	52%	

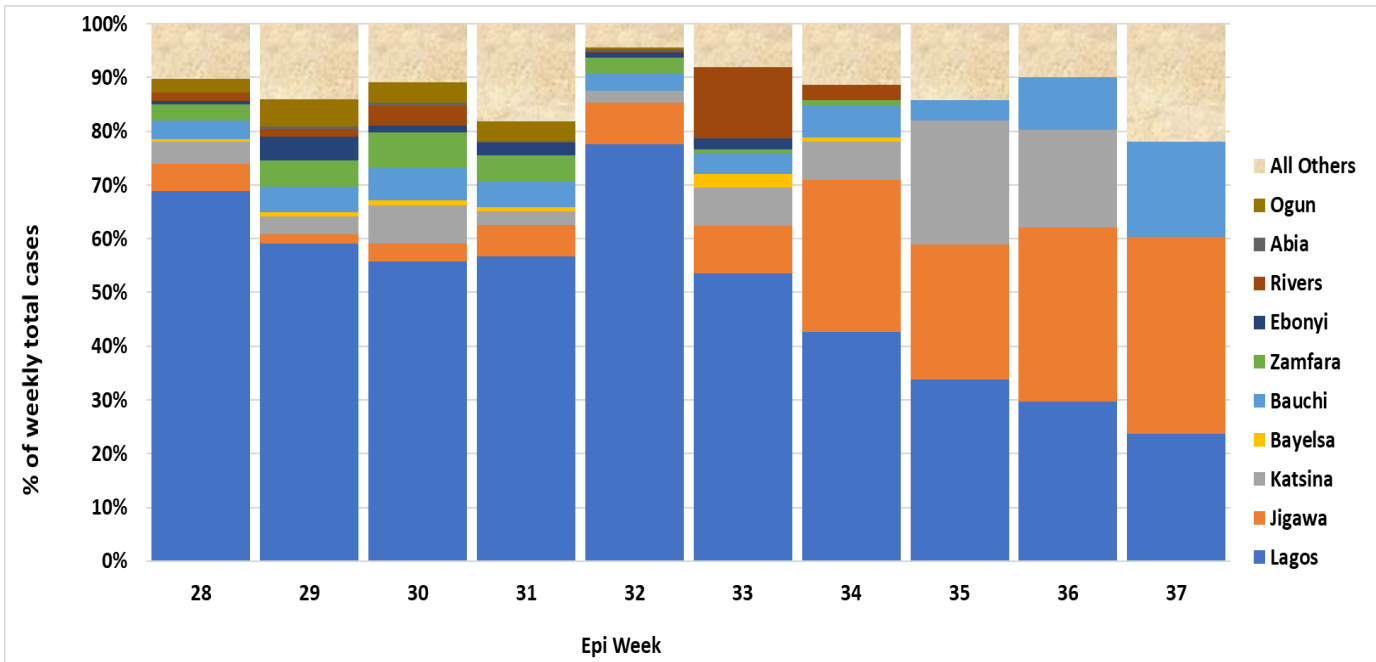


Figure 5: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

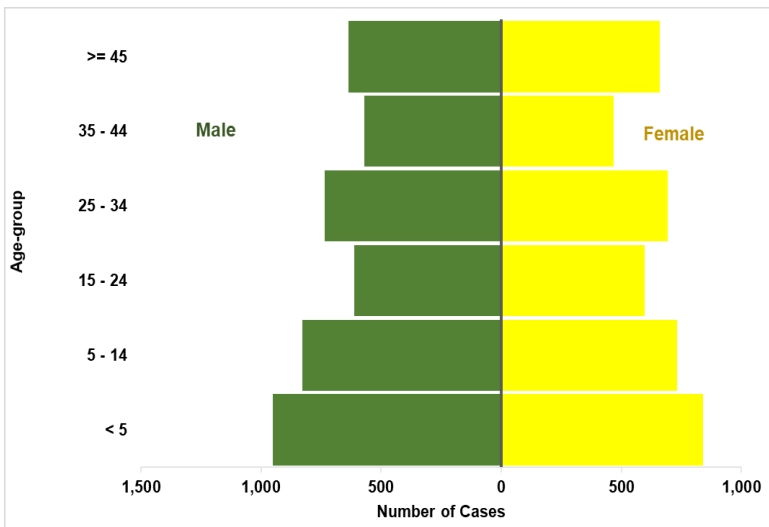


Figure 6. Age-Sex Pyramid for cumulative Cholera Cases, week 1-37, 2024: N=8,356

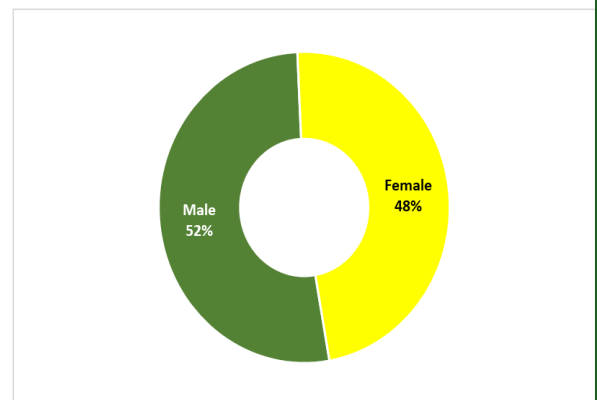


Figure 7. Sex disaggregation for cumulative Cholera cases, week 1-37, 2024: N=8,356

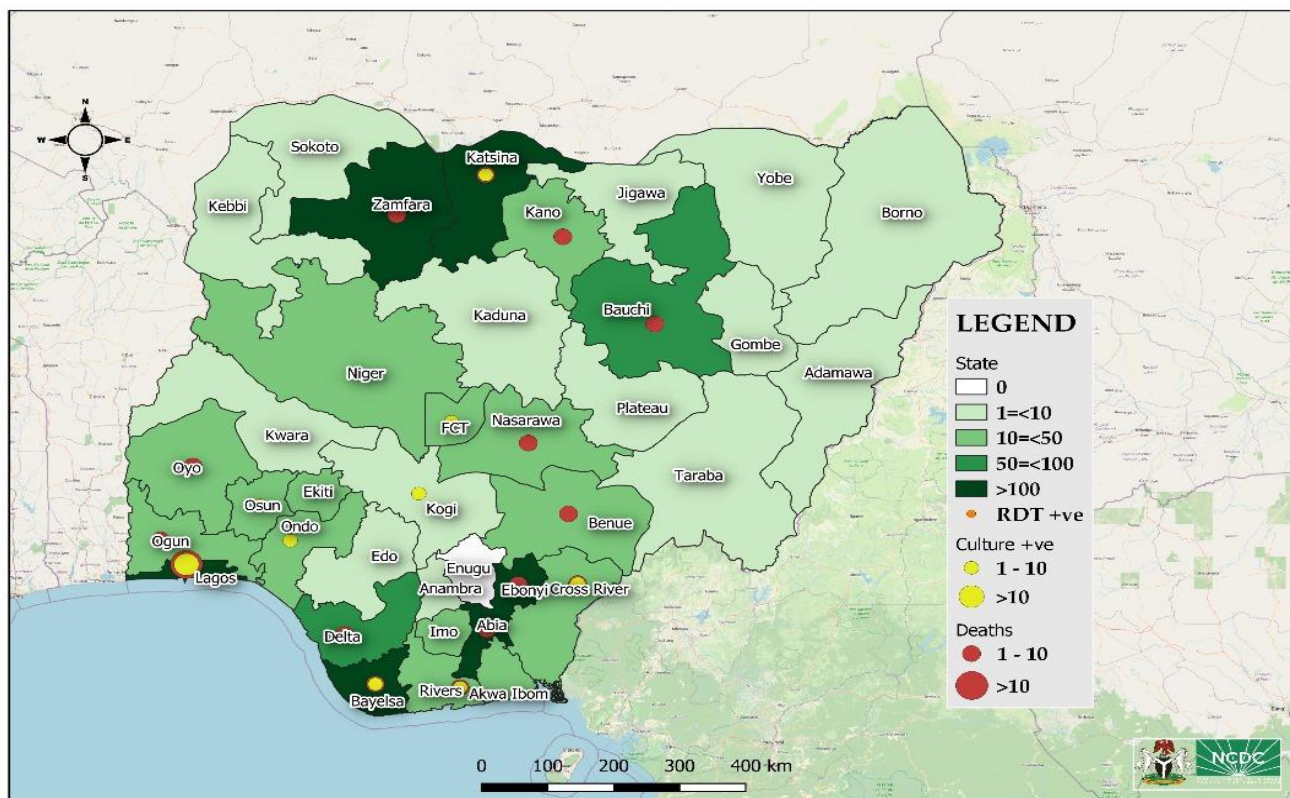


Fig. 8: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 37, 2024

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 37)					Cumulative (Week 1 - 37)					
			Cases		Deaths		Tests		Cases	Deaths	CFR	Tests	
			Cases	% change	Deaths	% change	RDT (%Pos)	Culture (%pos)				RDT (%Pos)	Culture (%pos)
1 Abia							159	5	3.1%	38 (11%)	6 (0%)		
2 Adamawa	Active		37	▲ 1750%	4	▲ 100%	35 (100%)	55	4	7.3%	45 (84%)	17 (12%)	
3 Akwa-Ibom							28	-	0.0%	10 (0%)	28 (0%)		
4 Anambra							4	-	0.0%	3 (0%)	1 (0%)		
5 Bauchi	Active		50	▲ 39%	1	▼ 50%		303	9	3.0%	8 (38%)	8 (25%)	
6 Bayelsa							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							198	1	0.5%	17 (12%)			
12 Edo	Active			▼ 100%			54	-	0.0%	50 (10%)	14 (36%)		
13 Ekiti							19	-	0.0%	5 (20%)	3 (0%)		
14 Fct							19	-	0.0%		4 (25%)		
15 Gombe	Active						16	-	0.0%	4 (25%)	9 (0%)		
16 Imo							88	-	0.0%	47 (2%)	9 (0%)		
17 Jigawa	Active		103	▼ 13%	3	▼ 57%	32 (0%)	698	42	6.0%	130 (17%)	70 (7%)	
18 Kaduna	Active		21	▲ 425%	1	▲ 100%	7 (14%)	68	3	4.4%	37 (57%)	19 (58%)	
19 Kano	Active			▼ 100%			90	6	6.7%	16 (19%)			
20 Katsina	Active			▼ 100%			545	12	2.2%	76 (4%)	50 (6%)		
21 Kebbi							22	-	0.0%	11 (0%)	4 (0%)		
22 Kogi							24	-	0.0%	24 (8%)	23 (35%)		
23 Kwara							16	-	0.0%	14 (0%)	2 (0%)		
24 Lagos	Active		67	▼ 38%		▼ 100%	67 (6%)	4,580	133	2.9%	3047 (7%)	2057 (4%)	
25 Nasarawa							23	1	4.3%	2 (0%)	2 (0%)		
26 Niger	Active						17	-	0.0%	3 (0%)	2 (0%)		
27 Ogun							133	3	2.3%	25 (44%)	24 (8%)		
28 Ondo							41	1	2.4%	25 (16%)	10 (30%)		
29 Osun							49	-	0.0%	8 (0%)	39 (5%)		
30 Oyo	Active		3	▼ 57%	1		76	17	22.4%	24 (4%)	10 (10%)		
31 Plateau							1	-	0.0%	1 (0%)			
32 Rivers							166	13	7.8%	26 (65%)	23 (57%)		
33 Sokoto							42	-	0.0%		6 (0%)		
34 Taraba							9	-	0.0%	1 (0%)	4 (0%)		
35 Yobe	Active		1	▲ 100%	1	▲ 100%		50	1	2.0%	19 (0%)	8 (0%)	
36 Zamfara							210	2	1.0%	65 (60%)			
National	12		282	▼ 23%	11		141 (28%)	8,479	263	3.1%	3892 (11%)	2487 (6%)	

*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"> • 4.47M vaccinations available in Lagos state 	<ul style="list-style-type: none"> • Carry out the administration of the vaccines
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

- 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 health facility infrastructure and cholera commodities for management of patients
- 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 thus insufficient active case search in the communities
- 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

- 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
- 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
- Make available SOPs and protocols in the treatment center
- 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 review of the National Cholera Plan **and** Continue provision of cholera response commodities

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 (8) were added*
- *A backlog of suspected cases for epi week 5 - 8 (11) were added*
- *A backlog of suspected cases for epi week 9 - 12 (6) were added*
- *A backlog of suspected cases for epi week 13 - 17 (13) were added*
- *A backlog of suspected cases for epi week 18 - 22 (3) were added*
- *A backlog of suspected cases for epi week 23 - 26 (9) were added*

Cholera Situation Report

Epi Week: 37, 2024

- *A backlog of suspected cases for epi week 27 - 30 (73) were added*
- *A backlog of suspected cases for epi week 31 - 35 (188) were added*

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 15th SEPTEMBER 2024