



# Cholera Situation Report

## MONTHLY EPIDEMIOLOGICAL REPORT 12

Epidemiological week 48-52: (27 November 2023 - 31 December 2023)

### Key Points

Table 1: Current Epi-summary for week 52, 2023

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
14	0	0.0%	4	5

Table 2: Cumulative suspected cases (Epi week 1 - 52, 2023)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
3683	128	3.5%	31	166

Months	Epi-Weeks	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	572	21	3.7%	14	44
February	5 - 9	1097	31	2.8%	14	54
March	10 - 13	320	2	0.6%	14	41
April	14 - 17	159	6	3.7%	10	29
May	18 - 21	180	2	1.1%	11	26
June	22 - 26	240	8	3.3%	13	29
July	27 - 30	184	12	6.5%	12	35
August	31 - 34	205	10	4.8%	8	22
September	35 - 39	374	12	3.1%	12	30
October	40 - 43	197	7	3.6%	5	11
November	44 - 47	103	13	12.6%	10	10
December	48 - 52	52	4	7.7%	13	16

Table 3: Summary of monthly reported cases (Epi week 1 - 52, 2023)

	Week	Week	
	1	52	
<b>Summary</b>	<b>2022</b>	<b>2023</b>	<b>% Change</b>
<b>Suspected Cases</b>	23,839	3,683	-85%
<b>Deaths</b>	597	128	-79%
<b>CFR</b>	2.5%	3.5%	39%

**Table 4: Comparison of cumulative cases as at week 52, 2022 and 2023**

### Week 52 Highlight

- 14 new cases were reported, 0 deaths with CFR = 0.0%
- 4 States Benue (2) Ebonyi (9), Jigawa (1) and Kogi (2) reported cases of Cholera within the Epidemiological week

### In the reporting month,

- 11 States have reported 52 suspected cases of Cholera, Taraba (14), Ebonyi (9), Benue (7), Ogun (7), Jigawa (4), Delta (3), Kano (3), Kogi (2) with Oyo, Adamawa and Edo reporting (1) case each
- 4 Deaths were recorded with CFR = 7.7%
- No Rapid Diagnostic Tests (RDT) was conducted
- 14 stool culture tests were conducted and have pending results
- National multi-sectoral Cholera TWG continues to monitor response across states

### Cumulative Epi-Summary for 2023

- As of **31<sup>st</sup> December 2023**, a total of **3,683 suspected cases including 128 deaths (CFR 3.5%)** have been reported from 31 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 (914 cases) accounts for 25% of all suspected cases in the country of the 31 States that have reported cases of cholera
- Obubra LGA (515 cases) in Cross River State accounts for 14% of all suspected cases reported in the country
- Other States; Cross River (718 cases), Katsina (343 cases), Bayelsa (319 cases), Ogun (295 cases), Ebonyi (236 cases) and Niger (195 cases) account for 57% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year have decreased by 85% compared to what was reported as at Epi-week 52 in 2022. Likewise, cumulative deaths recorded have decreased by 79% in 2023

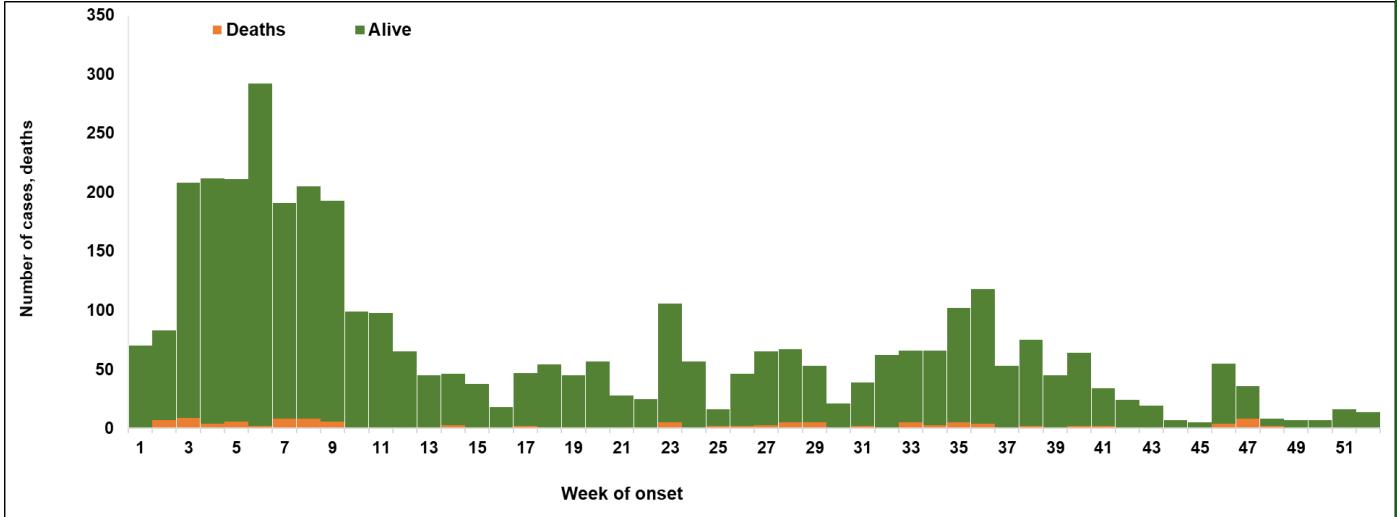


Figure 1: National Epidemic curve of weekly reported Cholera cases, week 1 to week 52, 2023

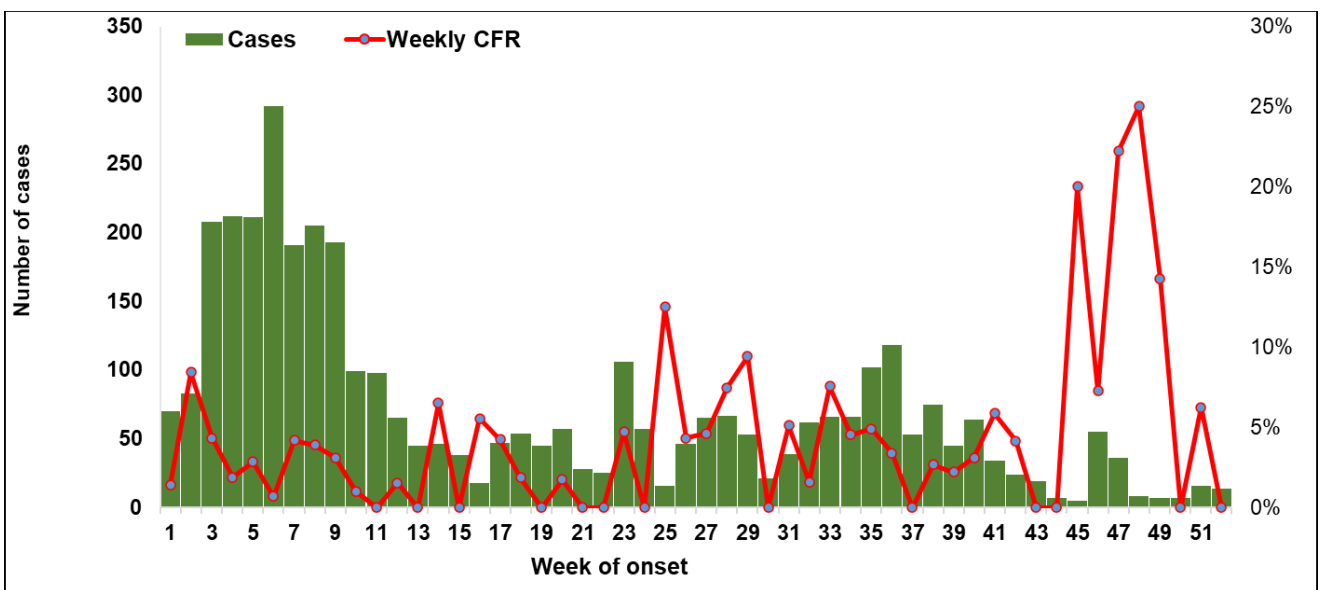


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 - 52, 2023, Nigeria

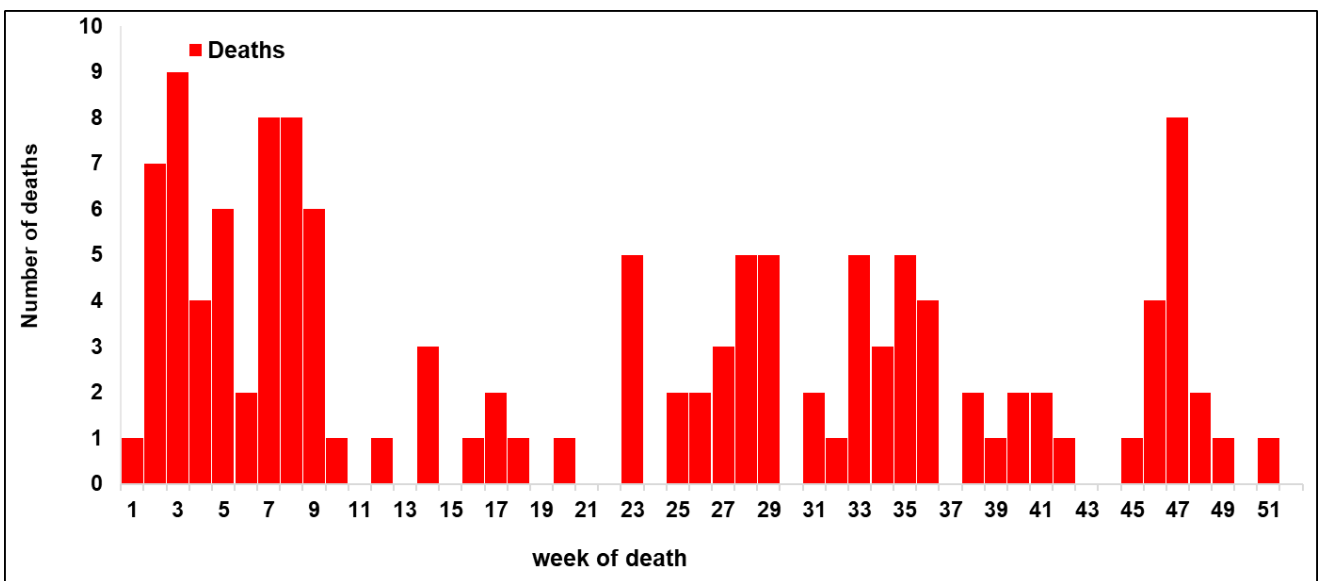


Figure 3: Trends in deaths, weeks 1 - 52, 2023, Nigeria

# Cholera Situation Report

Epi Week: 52, 2023

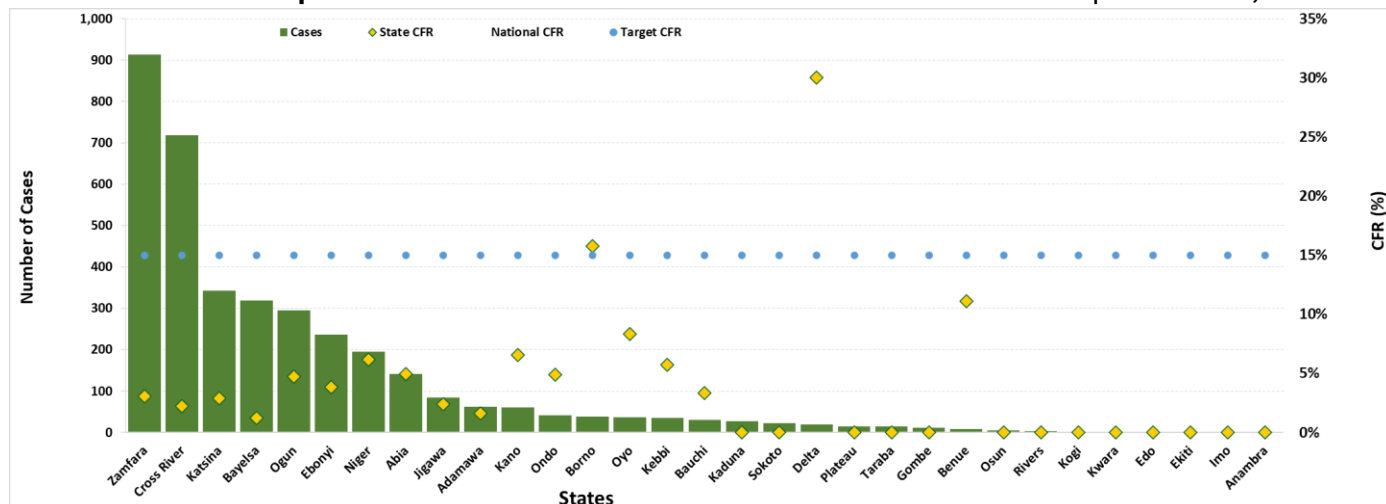


Figure 4: States' Cholera cases by Case fatality ratio (CFR) Epi-weeks 1 - 52, 2023

Table 5: Top 9 states in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Zamfara	914	25%	25%
2	Cross River	718	19%	44%
3	Katsina	343	9%	54%
4	Bayelsa	319	9%	62%
5	Ogun	295	8%	70%
6	Ebonyi	236	6%	77%
7	Niger	195	5%	82%
8	Jigawa	84	2%	88%
9	Adamawa	62	2%	90%
<b>Total</b>		<b>3307</b>	<b>90%</b>	

Table 6: Top 14 Local Government Areas (LGAs) in cumulative cases

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Obubra	Cross River	515	14%	14%
2	Gusau	Zamfara	371	10%	24%
3	Ijebu North	Ogun	280	8%	32%
4	Bungudu	Zamfara	192	5%	37%
5	Ikwo	Ebonyi	146	4%	41%
6	Abi	Cross River	80	2%	43%
7	Yenagoa	Bayelsa	76	2%	45%
8	Umuahia North	Abia	71	2%	49%
9	Sabuwa	Katsina	68	2%	51%
10	Talata Mafara	Zamfara	65	2%	53%
11	Mokwa	Niger	62	2%	54%
12	Bakura	Zamfara	58	2%	56%
13	Maradun	Zamfara	53	1%	57%
14	Nembe	Bayelsa	50	1%	59%
<b>Total</b>			<b>2163</b>	<b>59%</b>	

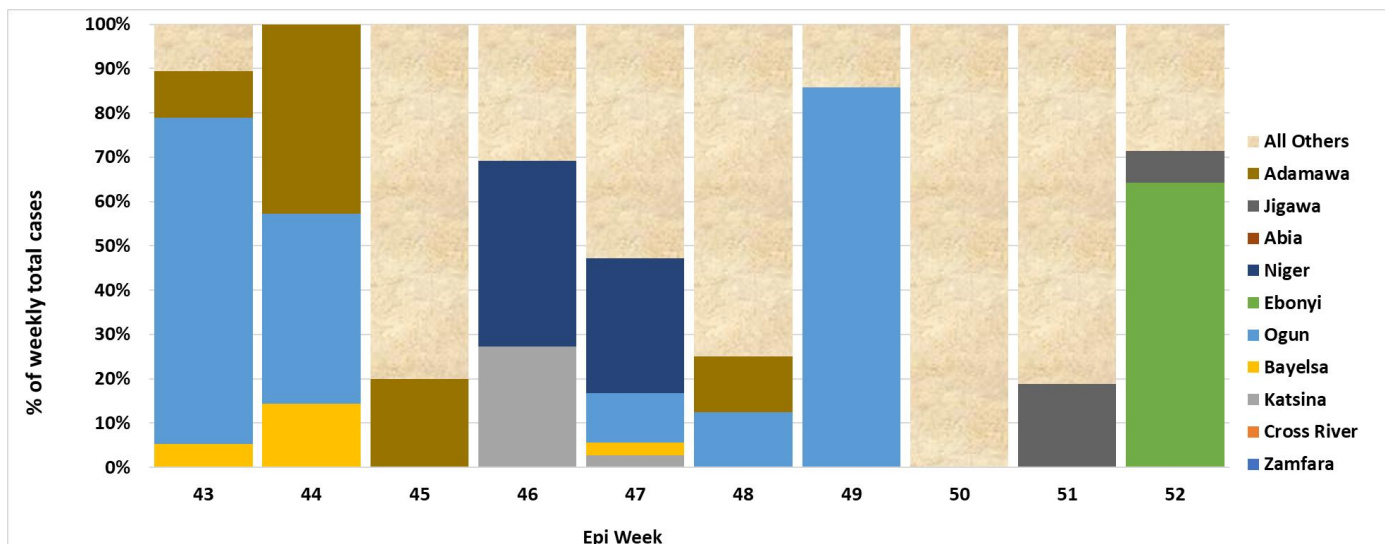


Figure 5: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

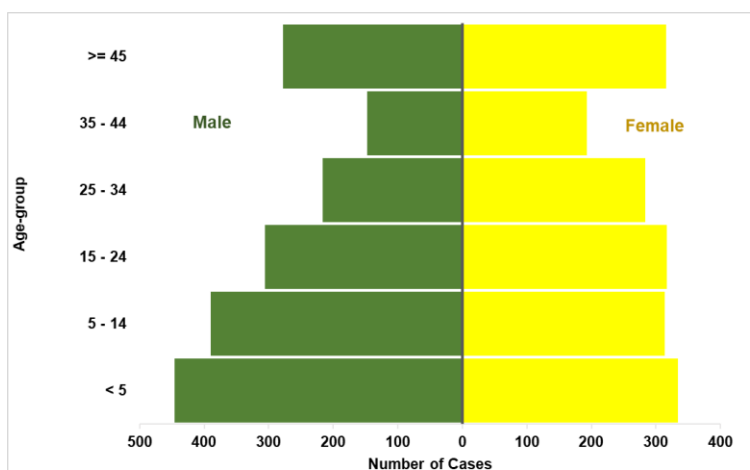


Figure 6. Age-Sex Pyramid for cumulative Cholera Cases, week 1-52 , 2023: N=3,681

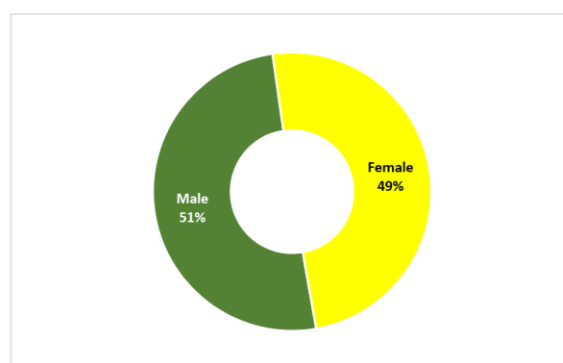


Figure 7. Sex disaggregation for cumulative Cholera cases, week 1-52 , 2023: N=3,681

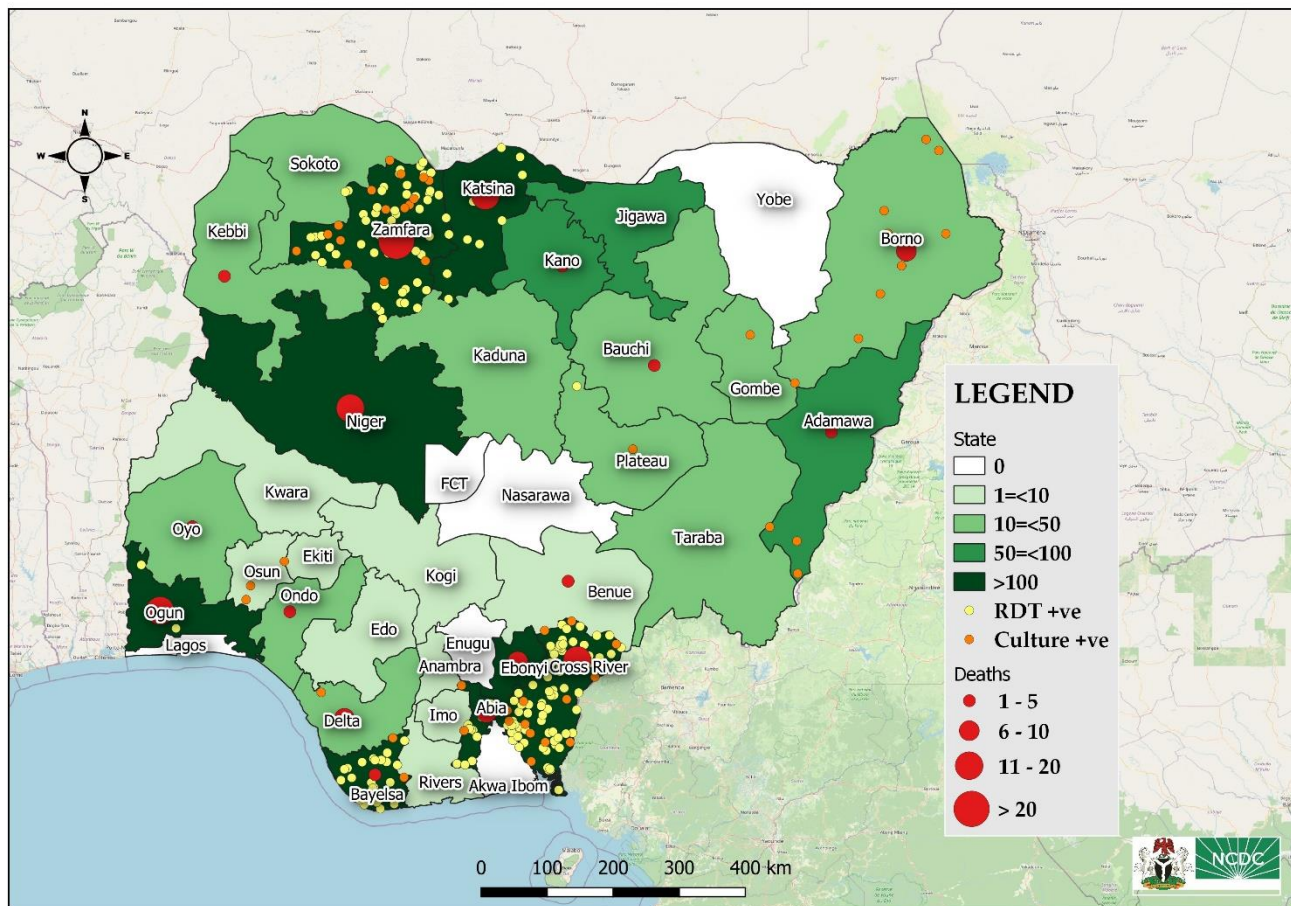


Fig. 8: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 52, 2023

Table 7. Summary table for Weekly & Cumulative number of Cholera Cases, for 2023

States	Reporting cases in 2023	State outbreak status*	Current week: (Week 52 )					Cumulative (Week 1 - 52 )					
			Cases		Deaths		Tests		Cases	Deaths	CFR	Tests	
			Cases	% change	Deaths	% change	RDT (%Pos)	Culture (%pos)				RDT (%Pos)	Culture (%pos)
1 Zamfara							913	28	3.1%	102 (59%)	59 (29%)		
2 Cross River							718	16	2.2%	227 (34%)	63 (19%)		
3 Katsina							343	10	2.9%	30 (33%)	46 (0%)		
4 Bayelsa							319	4	1.3%	111 (22%)	24 (8%)		
5 Ogun							295	14	4.7%	3 (67%)	5 (0%)		
6 Ebonyi	Active		9	▲ 100%			236	9	3.8%	5 (0%)			
7 Niger							195	12	6.2%		64 (0%)		
8 Abia							142	7	4.9%	55 (24%)	11 (27%)		
9 Jigawa	Active		1	▼ 67%			84	2	2.4%	1 (0%)	42 (0%)		
10 Adamawa							62	1	1.6%		25 (12%)		
11 Kano	Active						61	4	6.6%				
12 Ondo							41	2	4.9%	11 (0%)	8 (0%)		
13 Borno							38	6	15.8%		17 (47%)		
14 Oyo							36	3	8.3%		8 (0%)		
15 Kebbi							35	2	5.7%	1 (0%)	24 (0%)		
16 Bauchi							30	1	3.3%		5 (0%)		
17 Kaduna							27	-	0.0%		5 (0%)		
18 Sokoto							22	-	0.0%		13 (0%)		
19 Delta							20	6	30.0%		2 (50%)		
20 Plateau							15	-	0.0%	1 (100%)	1 (100%)		
21 Taraba	Active			▼ 100%			14	-	0.0%		8 (0%)		
22 Gombe							11	-	0.0%		3 (33%)		
23 Benue	Active		2	▼ 50%		▼ 100%	9	1	11.1%		2 (0%)		
24 Osun							5	-	0.0%		4 (75%)		
25 Rivers							4	-	0.0%		1 (0%)		
26 Kogi	Active		2	▲ 100%			2	-	0.0%		2 (0%)		
27 Kwara							2	-	0.0%				
28 Edo	Active						1	-	0.0%				
29 Ekiti							1	-	0.0%		1 (0%)		
30 Imo							1	-	0.0%		1 (0%)		
31 Anambra							1	-	0.0%				
<b>National</b>	<b>7</b>		<b>14</b>	<b>▼ 13%</b>	<b>0</b>	<b>▼ 100%</b>	<b>3,683</b>	<b>128</b>	<b>3.5%</b>	<b>547 (34%)</b>	<b>444 (11%)</b>		

Table 7: Response activities

Pillar	Activities to date	Next steps
<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 (FMEnvrt), 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> </ul>	<ul style="list-style-type: none"> <li>Continue data collation and harmonisation</li> <li>Ongoing cholera surveillance evaluation across states</li> </ul>

	<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>	
<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>



## Cholera Situation Report

Epi Week: 52, 2023

		<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 cholerae* O1 or O139 has been isolated in the stool by culture.

**DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 31<sup>st</sup> DECEMBER 2023**