



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 16

Epidemiological week 33: (12 August 2024 – 18 August 2024)

Key Points

Table 1: Current Epi-summary for week 33, 2024

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
75	1	1.3%	3	17

Table 2: Cumulative suspected cases (Epi week 1 - 33, 2024)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
6210	181	2.9%	36	251

Months	Epi-Weeks	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	322	3	0.9%	14	31
February	5 - 8	349	10	2.9%	21	41
March	9 - 12	314	5	1.6%	19	43
April	13 - 17	175	5	2.9%	17	37
May	18 - 22	136	2	1.5%	21	44
June	23 - 26	2491	99	4.0%	29	120
July	27 - 30	1864	49	2.6%	32	147
August	31 - 33	559	8	1.4%	12	41

Table 3: Summary of monthly reported suspected cases (Epi week 1 - 33, 2024)

	Week		
	1 -- 33		
Summary	2023	2024	% Change
Suspected Cases	2,928	6,210	112%
Deaths	91	181	99%
CFR	3.1%	2.9%	-6%

Table 4: Comparison of cumulative suspected cases as at week 33, 2023 and 2024

Week 33 Highlight

- 75 new suspected cases were reported, 1 death with CFR = 1.3%
- 3 States Lagos (73), Yobe (1) and Ogun (1) reported cases of Cholera within the Epidemiological week

In the reporting month,

- States have reported 559 suspected cases of Cholera, Lagos (473), Kano (32), Kwara (10) Jigawa (10), Ogun (9), Katsina (7), Yobe (6), Akwa-Ibom (6), Ondo (3) with Bauchi, Abia and Adamawa each reporting one case (1)
- 8 Deaths was recorded with CFR = 1.4%
- 117 Rapid Diagnostic Tests (RDT) were conducted with 26 positive results
- 86 stool culture test was conducted and with 7 positive results
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary for 2024

- As of **18th August 2024**, a total of **6,210 suspected cases including 181 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, **53% are males and 47 are females**
- Lagos (3,961 cases) accounts for 64% of all suspected cases in the country of the 36 States that have reported cases of cholera
- Lagos Island LGA (565 cases) in Lagos State accounts for 9% of all suspected cases reported in the country
- Other States; Bayelsa (481 cases), Katsina (319), Ebonyi (154), Abia (144 cases), Ogun (115 cases), Zamfara (108 cases), Delta (85 cases), Imo (80 cases), Bauchi (79 cases), Rivers (74 cases), Jigawa (70 cases), Kano (66 cases), Osun (47 cases), Cross River (43 cases), Sokoto (42 cases), Ondo (39 cases), Yobe (36 cases), Oyo (33 cases), Akwa Ibom (26 cases) Benue (23 cases), Nasarawa (23 cases), Kebbi (22 cases), Kogi (21 cases), Fct (19 cases) Ekiti (18 cases), Niger (16 cases), Kwara (16), Gombe (14 cases) account for 35.6% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year have increased by 112% compared to what was reported at Epi-week 33 in 2023. Likewise, cumulative deaths recorded have increased by 99% in 2024

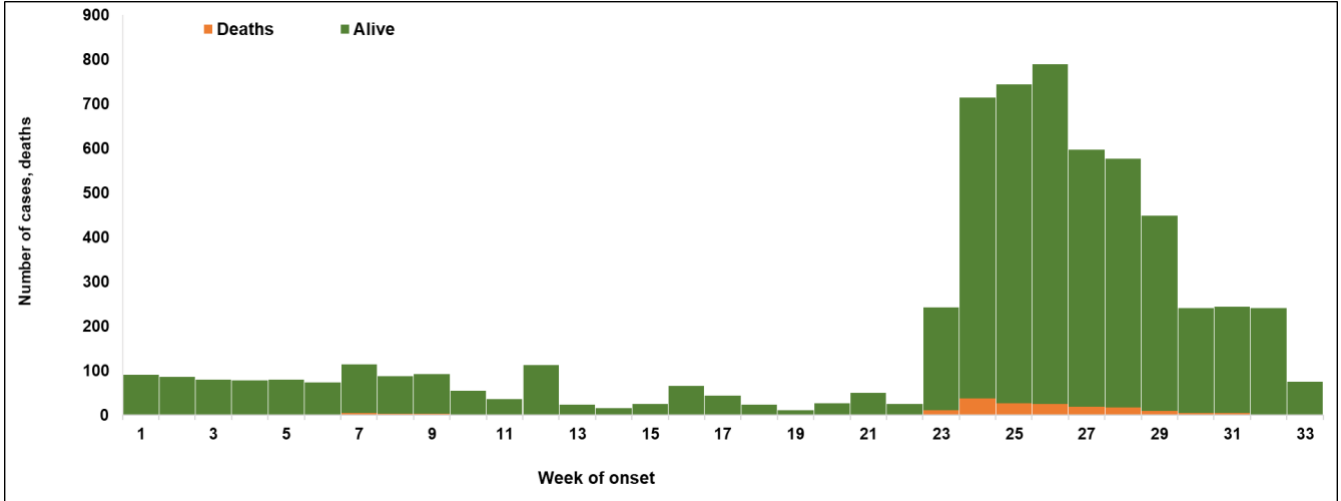


Figure 1: National epidemic curve of weekly reported Cholera suspected cases, week 1 to week 33, 2024

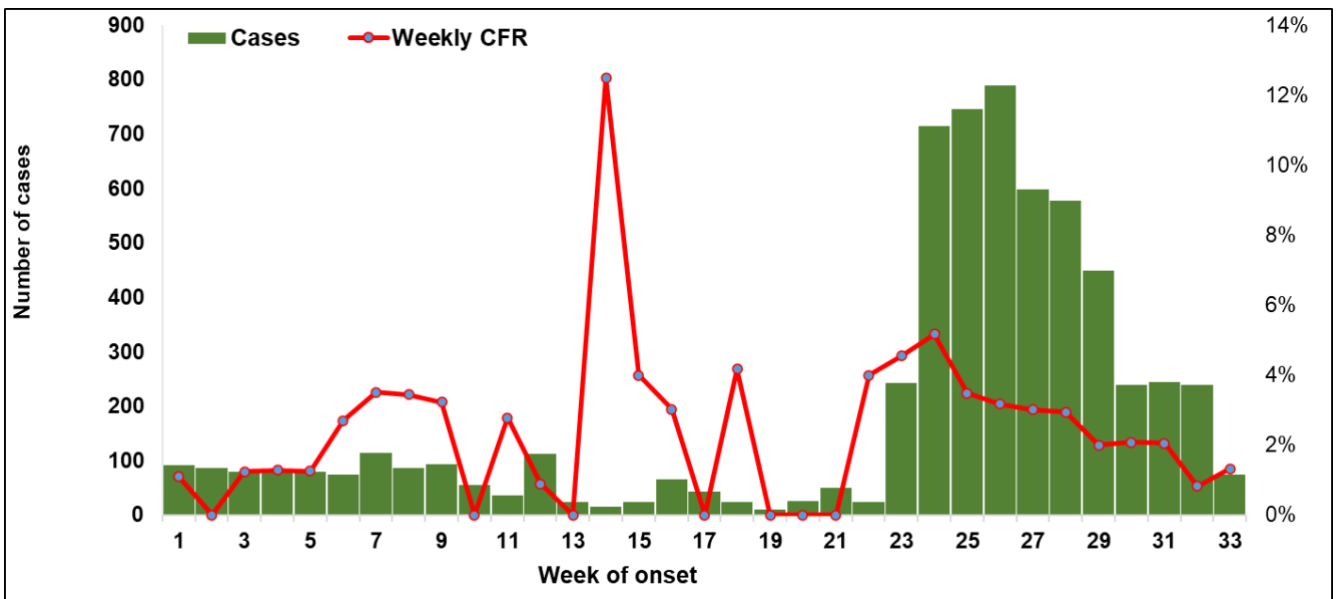


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 – 33, 2024, Nigeria

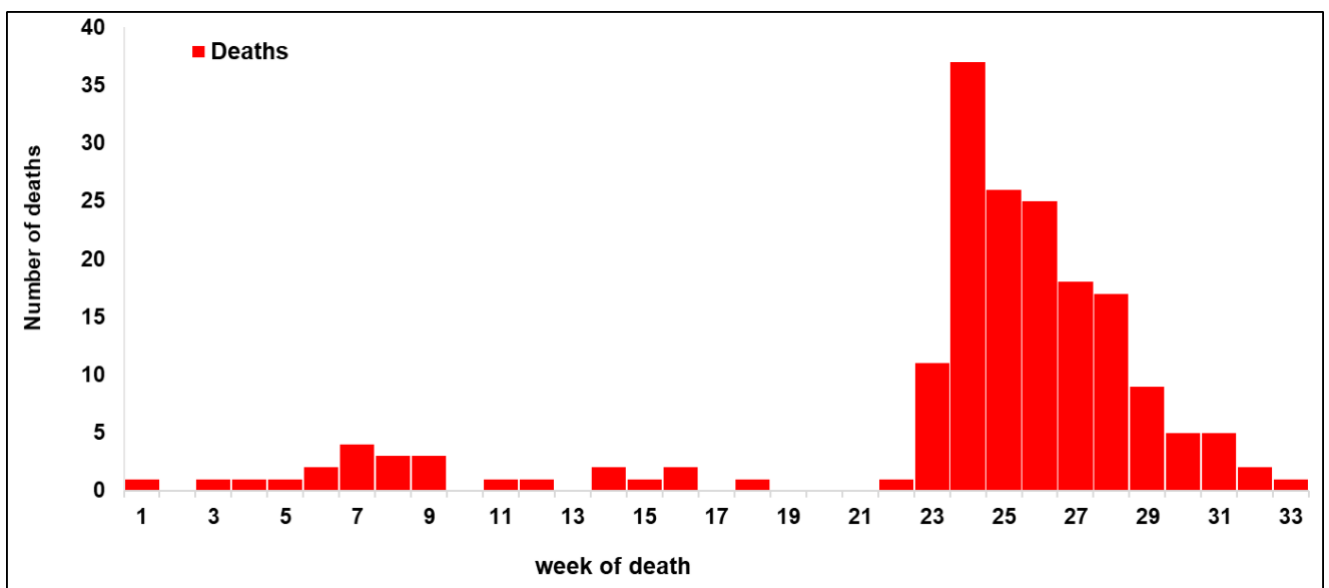


Figure 3: Trends in deaths, Epi weeks 1 - 33, 2024, Nigeria

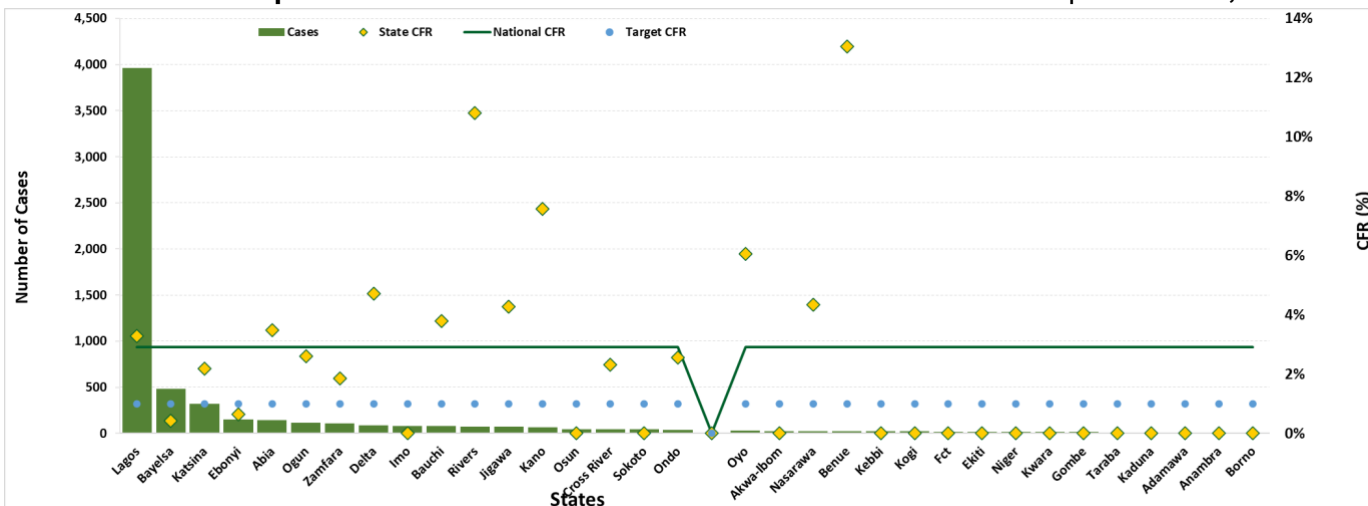


Figure 4: States' Cholera suspected cases by Case fatality ratio (CFR) Epi-weeks 1 - 33, 2024

Table 5: Top 9 States in cumulative suspected cases

No	State	Suspected cases	Percent of cumulative cases	Cumulative % of total cases
1	Lagos	3,961	64%	64%
2	Bayelsa	481	8%	72%
3	Katsina	319	5%	77%
4	Ebonyi	154	2%	79%
5	Abia	144	2%	81%
6	Ogun	115	2%	83%
7	Zamfara	108	2%	85%
8	Delta	85	1%	88%
9	Imo	80	1%	89%
Total		5532	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	565	9%	9%
2	Lagos Mainland	Lagos	518	8%	17%
3	Eti-Osa	Lagos	469	8%	25%
4	Ajeromi/Ifelodun	Lagos	330	5%	30%
5	Alimosho	Lagos	259	4%	34%
6	Surulere	Lagos	216	3%	38%
7	Epe	Lagos	212	3%	41%
8	Kosofe	Lagos	194	3%	48%
9	Southern Ijaw	Bayelsa	166	3%	50%
10	Apapa	Lagos	162	3%	53%
11	Ikorodu	Lagos	143	2%	55%
12	Mushin	Lagos	142	2%	57%
13	Ojo	Lagos	122	2%	59%
14	Shomolu	Lagos	108	2%	61%
Total			3800	61%	

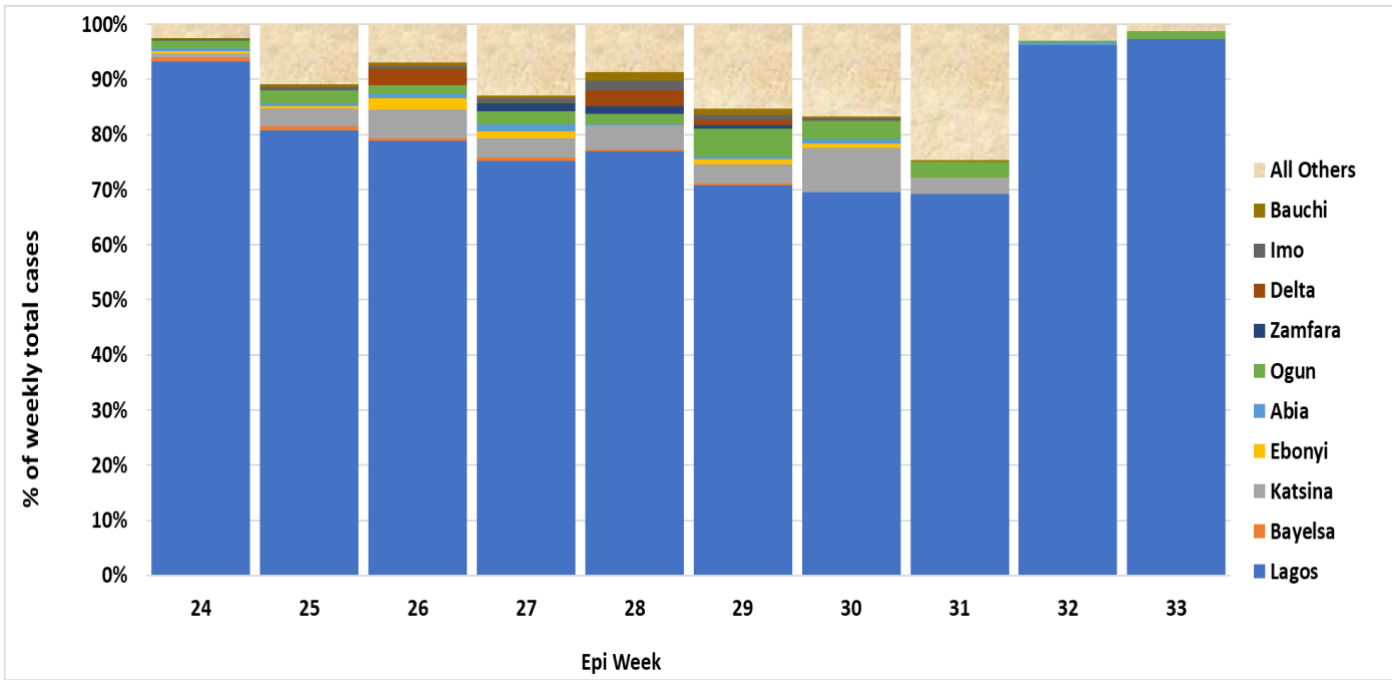


Figure 5: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

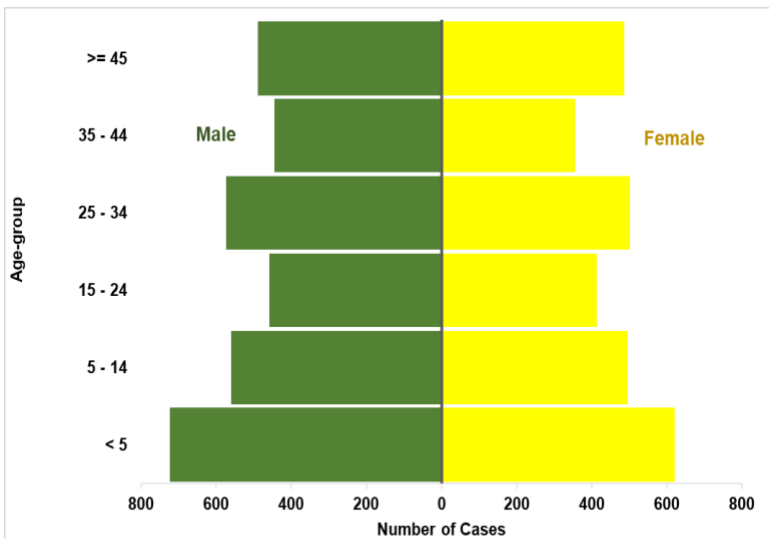


Figure 6. Age-Sex Pyramid for cumulative Cholera Cases, week 1-33, 2024: N=6,151

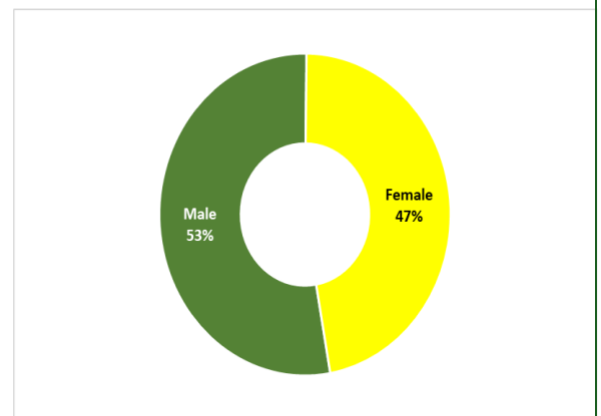


Figure 7. Sex disaggregation for cumulative Cholera cases, week 1-33, 2024: N=6,204

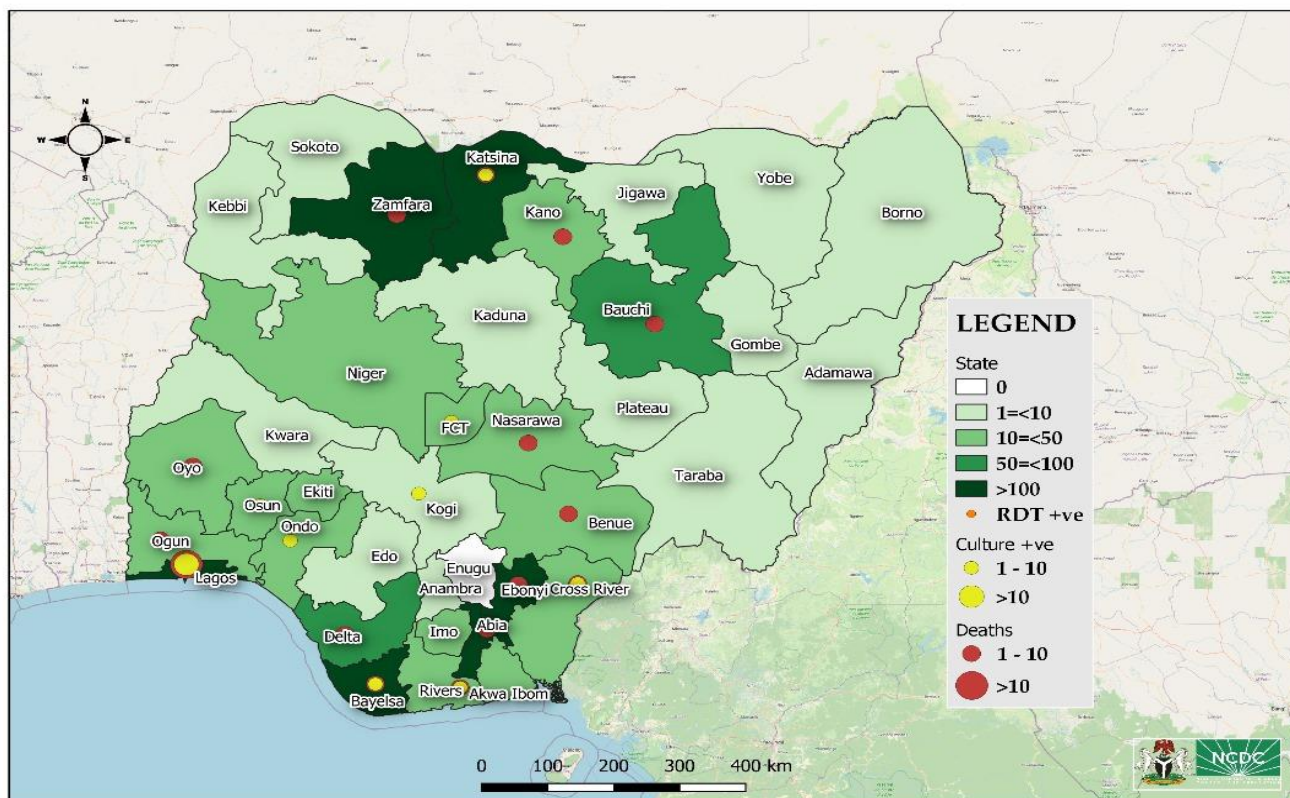


Fig. 8: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 33, 2024

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 33)					Cumulative (Week 1 - 33)					
			Cases		Deaths		Tests		Cases	Deaths	CFR	Tests	
			Cases	% change	Deaths	% change	RDT (%Pos)	Culture (%pos)				RDT (%Pos)	Culture (%pos)
1	Abia	Active		▼ 100%				144	5	3.5%	38 (11%)	6 (0%)	
2	Adamawa	Active		▼ 100%				9	-	0.0%		8 (0%)	
3	Akwa-Ibom	Active						26	-	0.0%	10 (0%)	15 (0%)	
4	Anambra							4	-	0.0%	3 (0%)	1 (0%)	
5	Bauchi	Active						79	3	3.8%	5 (0%)	3 (33%)	
6	Bayelsa							481	2	0.4%	41 (29%)	22 (5%)	
7	Benue							23	3	13.0%	5 (0%)	1 (0%)	
8	Borno							3	-	0.0%	1 (0%)		
9	Cross River							43	1	2.3%	25 (8%)	2 (50%)	
10	Delta							85	4	4.7%	26 (27%)		
11	Ebonyi							154	1	0.6%	18 (11%)		
12	Edo							1	-	0.0%			
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							80	-	0.0%	47 (2%)	9 (0%)	
17	Jigawa	Active						70	3	4.3%	4 (0%)	5 (0%)	
18	Kaduna							9	-	0.0%	3 (0%)		
19	Kano	Active		▼ 100%				66	5	7.6%	16 (19%)		
20	Katsina	Active						319	7	2.2%	61 (5%)	45 (4%)	
21	Kebbi							22	-	0.0%	11 (0%)		
22	Kogi							21	-	0.0%	21 (10%)	20 (40%)	
23	Kwara	Active		▼ 100%				16	-	0.0%	14 (0%)	1 (0%)	
24	Lagos	Active	73	▼ 68%	1	▼ 50%	73 (8%) 58 (3%)	3,961	130	3.3%	2426 (7%)	1571 (5%)	
25	Nasarawa							23	1	4.3%	2 (0%)	2 (0%)	
26	Niger							16	-	0.0%	3 (0%)	2 (0%)	
27	Ogun	Active	1					115	3	2.6%	25 (44%)	10 (20%)	
28	Ondo	Active		▼ 100%				39	1	2.6%	23 (17%)	8 (13%)	
29	Osun							47	-	0.0%	8 (0%)	37 (3%)	
30	Oyo							33	2	6.1%	22 (0%)	4 (0%)	
31	Plateau	#N/A						1	-	0.0%	1 (0%)		
32	Rivers							74	8	10.8%	2 (50%)	9 (67%)	
33	Sokoto							42	-	0.0%		6 (0%)	
34	Taraba							9	-	0.0%	1 (0%)	4 (0%)	
35	Yobe	#N/A	1	▼ 50%				36	-	0.0%	19 (0%)	8 (0%)	
36	Zamfara							108	2	1.9%	40 (55%)		
	National	11	75	▼ 69%	1	▼ 50%	73 (8%) 58 (3%)	6,210	181	2.9%	2930 (8%)	1813 (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 the 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 • EOC Activated • NRRT deployed to 6 states and provided offsite support to other states 	<ul style="list-style-type: none"> • The national multi-sectoral TWG will continue to coordinate the national response • Ongoing review of the National Cholera Plan
Surveillance	<ul style="list-style-type: none"> • Ongoing surveillance in all states through 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 centres 	<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 guidelines, 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 • 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 	<ul style="list-style-type: none"> • Ongoing finalization of cholera diagnostics guidelines and SOP

	<ul style="list-style-type: none"> • Identification of laboratories for possible optimization of cholera diagnosis • 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 trends are being monitored to guide ICG requests 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 media engagement meetings and training of journalists, other media professionals • Continued follow-up with states for updates 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 practices in most cholera-affected communities
- Inadequate trained personnel in states for case management
- Insufficient active case search in the communities
- No IEC materials at the community level
- Inadequate logistics for active case search
- Inadequate WASH infrastructure and supplies including wastewater management

- Treatment costs for patients with complications and co-morbidities not covered by the free treatment provided by the Lagos State Government
- Poor Utilization of RDTs distributed to facilities & surveillance officers.

Next Steps

- Maintain communication with and support to states for data reporting and response
- Continue advocacy to State Governments to increase funding for 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
- Conduct Healthcare workers' training on IPC in prioritized health facilities
- Sensitization of identified hotspot communities on Cholera prevention
- **ACTIVITIES IN THE INCIDENT ACTION 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

Cholera Situation Report

Epi Week: 33, 2024

- *A backlog of suspected cases for epi week 5 - 8 (2) was added*
- *A backlog of suspected cases for epi week 18 - 22 (1) was added*
- *A backlog of suspected cases for epi week 23 - 26 (5) was added*
- *A backlog of suspected cases for epi week 27 - 30 (33) was added*

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 18th AUGUST 2024