



NIGERIA CENTRE FOR DISEASE CONTROL

Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 06

Epidemiological week 22-26: (30 May to 3 July 2022)

Key Points

Table 1: Summary of current week (Epi week 26, 2022)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
23	0	0.0%	4	10

Table 2: Summary of monthly reported cases (Epi week 1- 26)

Months	Epi- Week	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 5	920	27	2.9%	20	47
February	6 - 9	645	10	1.5%	21	26
March	10 - 12	236	9	3.8%	10	39
April	13 - 17	376	25	6.6%	7	22
May	18 - 21	161	3	1.8%	12	28
June	22 - 26	185	4	2.2%	13	30

Table 3: Cumulative summary from Epi week 1 - 21, 2022

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
2,523	78	3.1%	31	160

Week 26 Highlights

- Thirty-one states have reported suspected cholera cases in 2022. These are Abia, Adamawa, Akwa Ibom, Anambra, Bauchi, Bayelsa, Benue, Borno, Cross River, Delta, Ekiti, Gombe, Imo, Kaduna, Kano, Katsina, Kebbi, Kogi, Kwara, Lagos, Nasarawa, Niger, Ondo, Osun, Oyo, Plateau, Rivers, Sokoto, Taraba, Yobe and Zamfara
- In the reporting month, 13 states reported 185 suspected cases – Anambra (1), Bauchi (8), Benue

(5), Borno (2), Gombe (3), Kaduna (13), Kano (35), Katsina (7), Ondo (74), Plateau (2), Sokoto (6), Yobe (5) and Zamfara (24)

- There was **13% increase in the number of new suspected cases** in June Epi week 22 - 26 (185) compared with May Epi week 18 – 21 (161)
- In the reporting week, Bauchi (2), Benue (2), Borno (3) and Ondo (16) reported **23** suspected cases
- Ondo state account for 70% of 23 suspected cases reported in week 26
- During the reporting week, only 8 Cholera Rapid Diagnostic Test (RDT) was conducted. The RDT conducted was from Ondo 7 (0%) and Bauchi 1 (0%) positive
- 15 stool culture was conducted from Ondo 12 (0%), Bauchi 1 (0%) and Benue 2 (0%) positive
- Of the cases reported, there was no death with a weekly case fatality ratio (CFR) of 0.0%
- No new state reported cases in week 26
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary

- As of 3rd July 2022, a total of **2,523 suspected cases including 78 deaths (CFR 3.1%)** have been reported from 31 states in 2022
- Of the suspected cases since the beginning of the year, **age group <5 years** is the most affected age group for male and female
- Of all suspected cases, **50% are males and 50% are females**
- Six states - Taraba (639 cases), Cross River (591), Katsina (141 cases), kano (155 cases), Ondo (117 cases) and Benue (101 cases) account for 69% of all cumulative cases
- Six LGAs across two states Cross River (3) and Taraba (3) reported more than 100 cases each this year

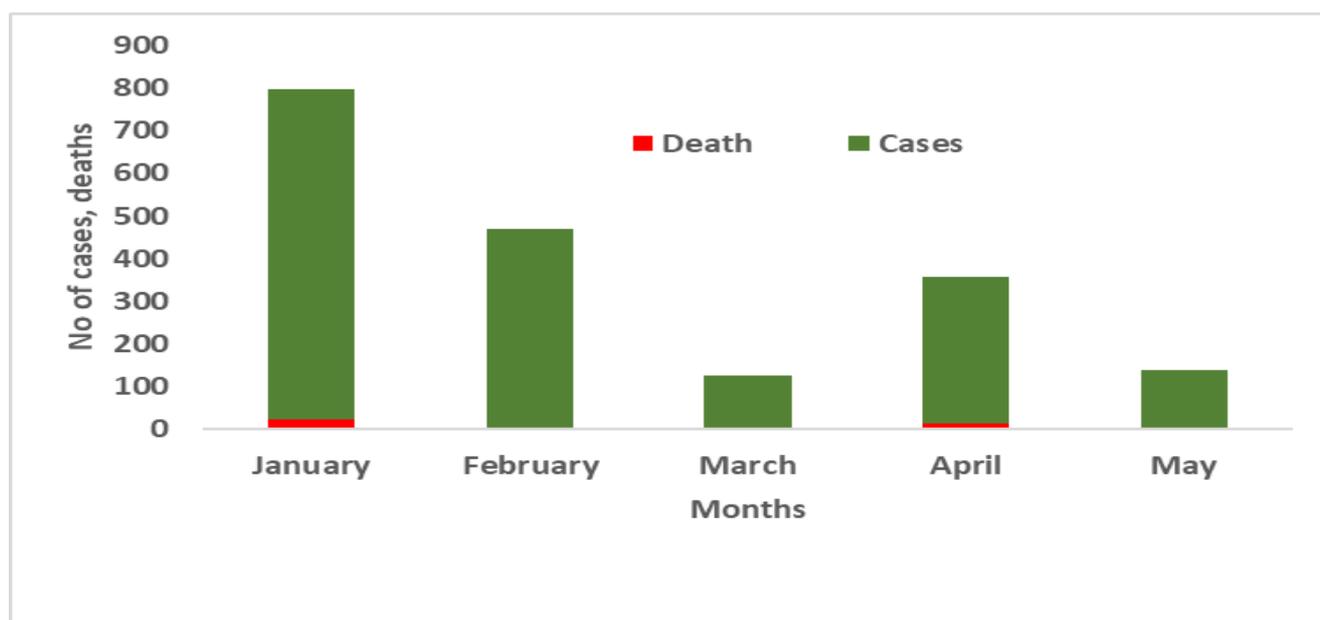


Figure 1: National Epidemic curve of monthly reported Cholera cases, week 1 to week 21, 2022

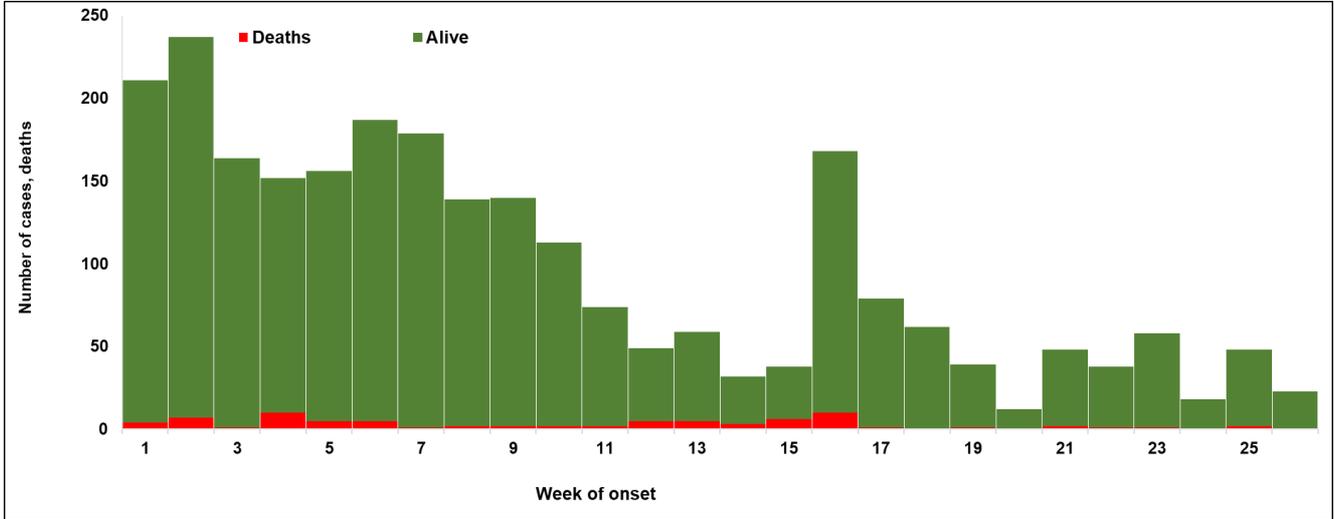


Figure 2: National Epidemic curve of weekly reported Cholera cases, week 1 to week 26, 2022

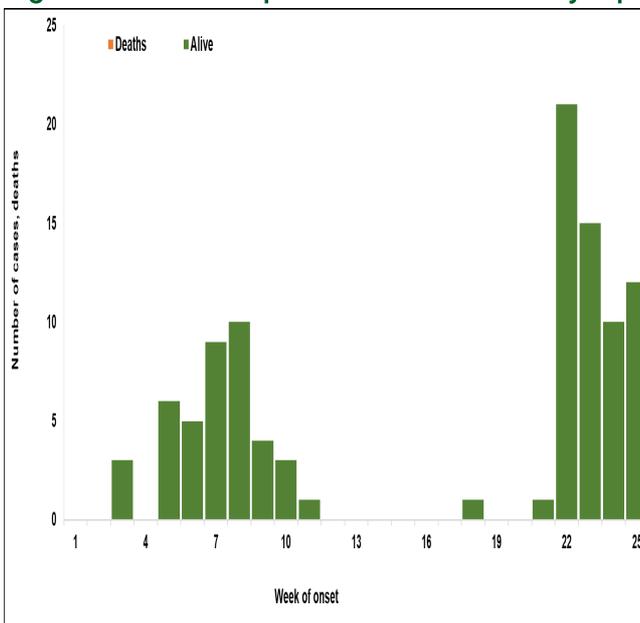


Fig 4: Bauchi epidemic curve, week 1 to week 21, 2022

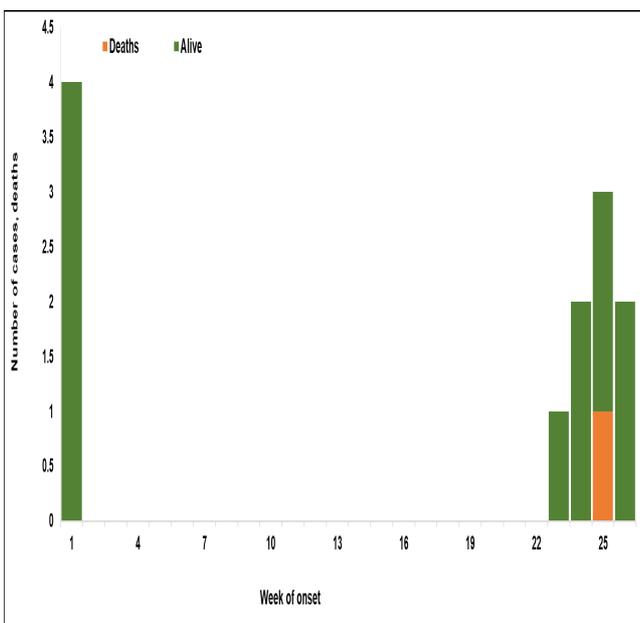


Fig 3: Ondo epidemic curve, week 1 to week 26, 2022

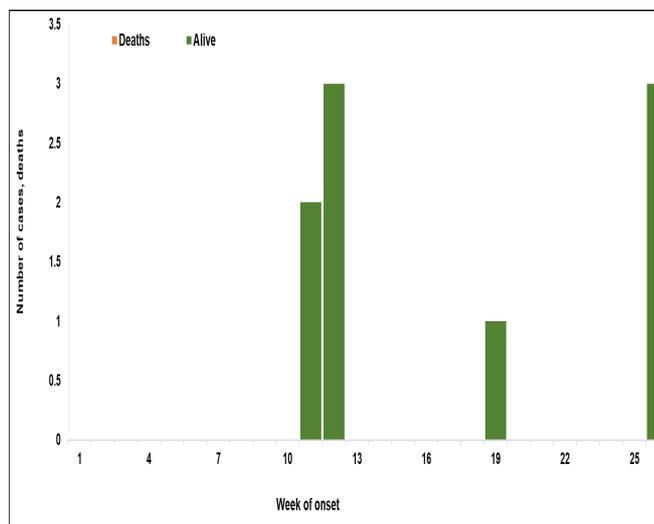


Fig 5: Imo epidemic curve, week 1 to week 21, 2022

Fig 5: Gombe epidemic curve, week 1 to week 26, 2022

Fig 6: Benue epidemic curve, week 1 to week 26, 2022

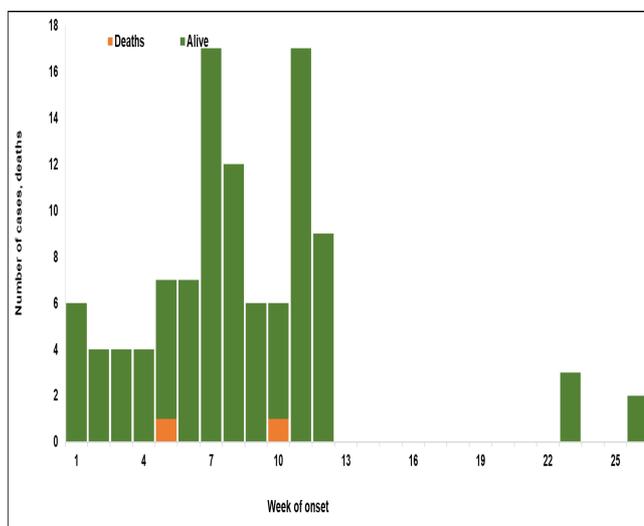


Table 4: Top 10 states in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Taraba	639	25%	25%
2	Cross River	591	23%	49%
3	Kano	155	6%	55%
4	Katsina	141	6%	60%
5	Ondo	117	5%	65%
6	Benue	104	4%	69%

7	Borno	92	4%	73%
8	Bayelsa	76	3%	79%
9	Zamfara	74	3%	79%
10	Imo	68	3%	82%
Total		2059	82%	

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

No	LGA	State	Cases	% Of cumulative cases	Cumulative %
1	Bali	Taraba	272	11%	11%
2	Gassol	Taraba	195	8%	19%
3	Ogoja	Cross River	181	7%	26%
4	Wukari	Taraba	150	6%	32%
5	Ikom	Cross River	142	6%	37%
6	Calabar Municipal	Cross River	100	4%	41%
7	Katsina	Katsina	73	3%	44%
8	Guma	Benue	70	3%	50%
9	Odupkani	Cross River	67	3%	50%
10	Obanliku	Cross River	64	3%	52%
11	Aleiro	Kebbi	50	2%	54%
12	Gwarzo	Kano	49	2%	56%
13	Southern/Ijaw	Bayelsa	42	2%	58%
14	Degema	Rivers	41	2%	59%
15	Talata Mafara	Zamfara	35	1%	61%
Total			1534	64%	

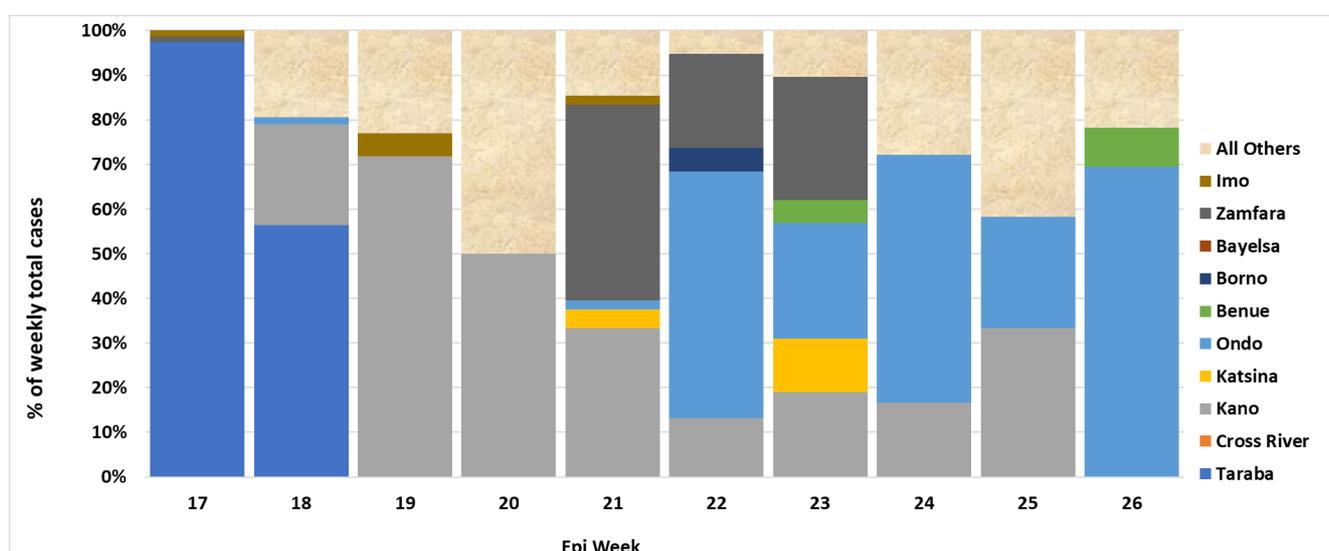


Figure 7: Percentage contribution of weekly cases by state in recent 10 weeks, week 17 - 26, 2022

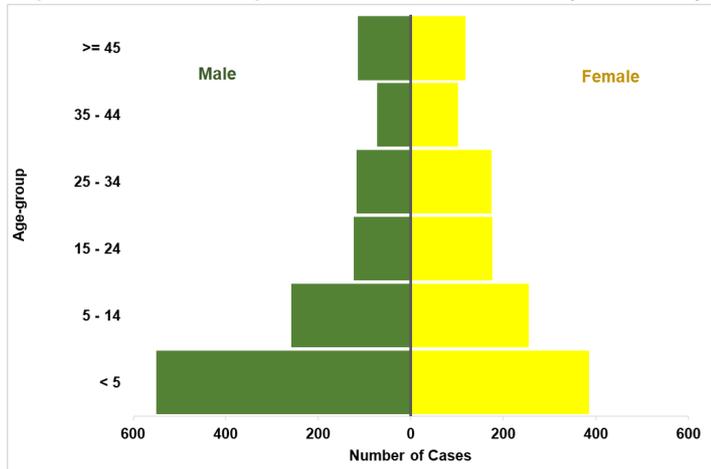


Figure 9. Age-Sex Pyramid for cumulative Cholera Cases, week 1-26 , 2022: N=2,523

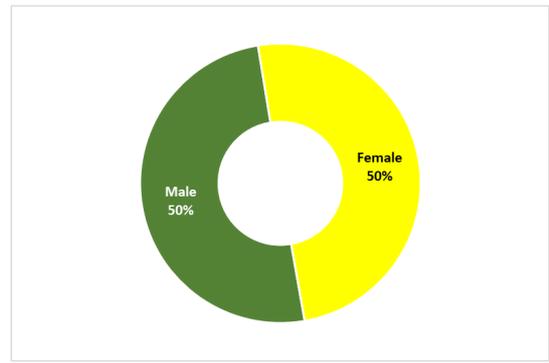


Figure 10. Sex disaggregation for cumulative Cholera cases, week 1-26 , 2022: N=2,523

Figure 8: Age – Sex Pyramid and Sex Aggregation for cholera cases week 1-26, 2022. N = 2336

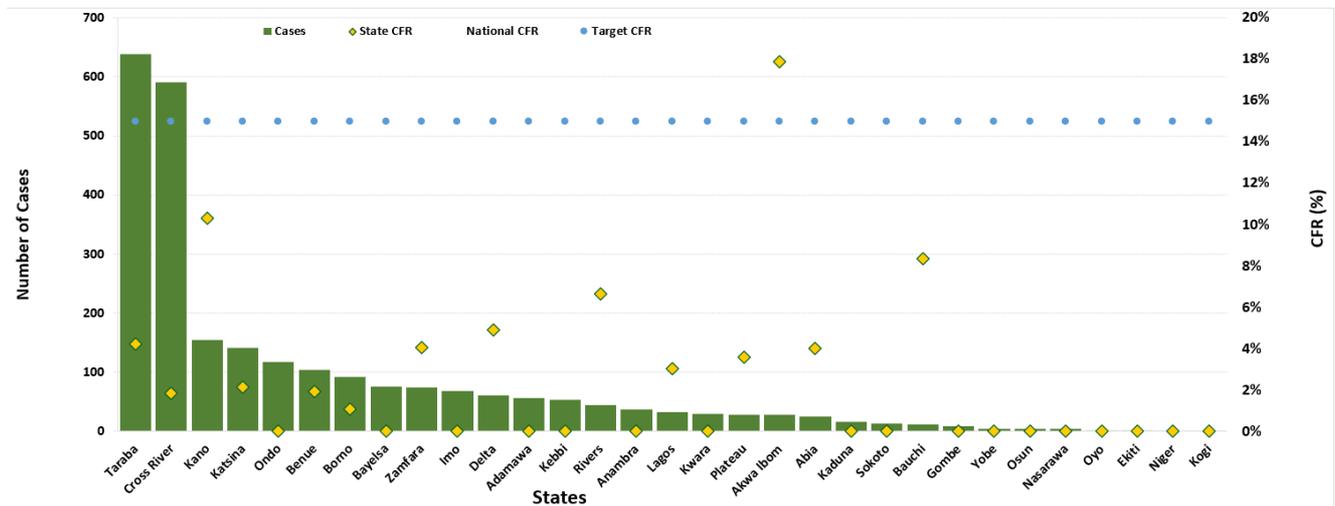


Figure 9: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1 - 26, 2022

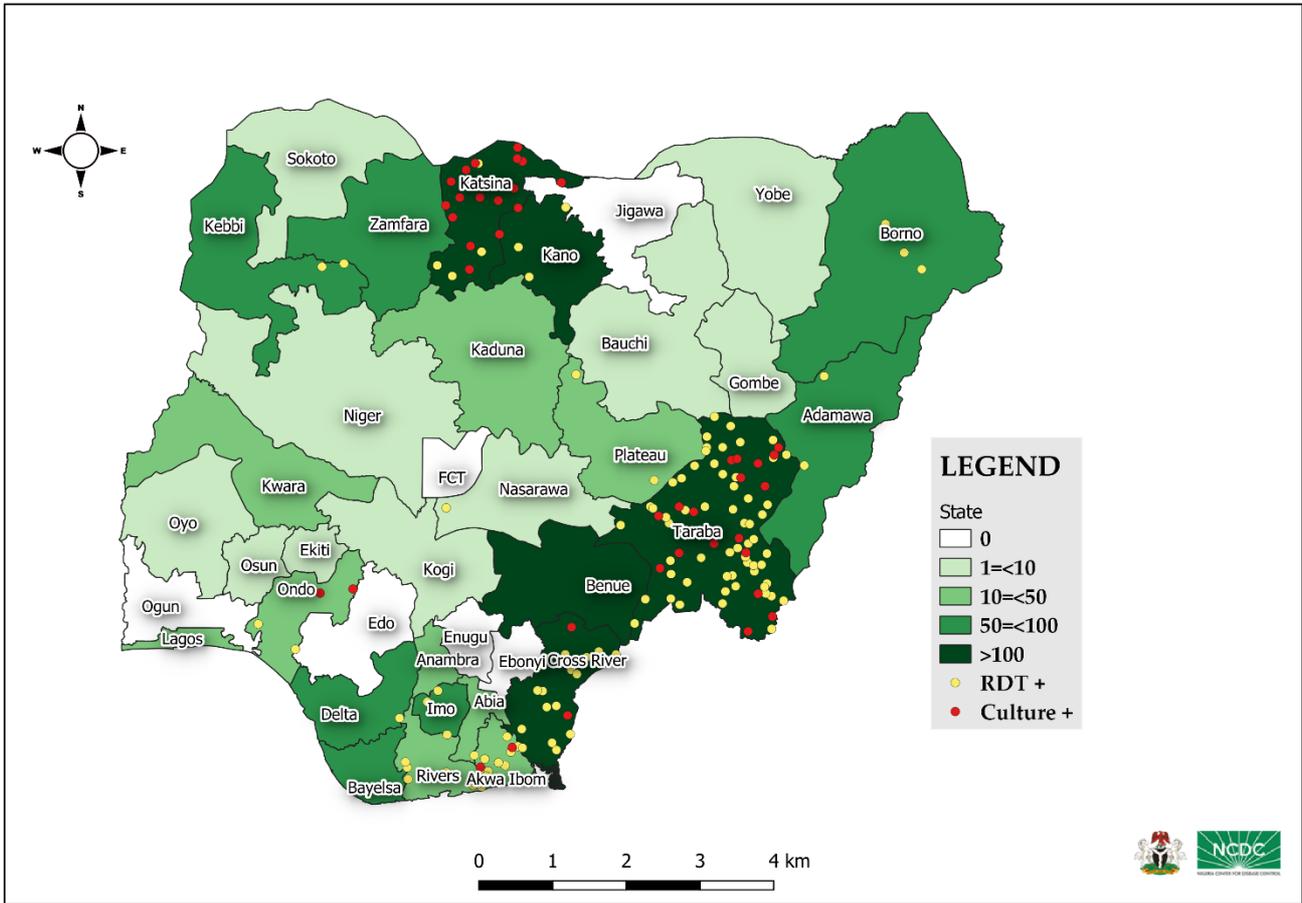


Figure 10. Map of Nigeria showing states with RDT + Culture and suspected cases, week 1 - 21, 2022

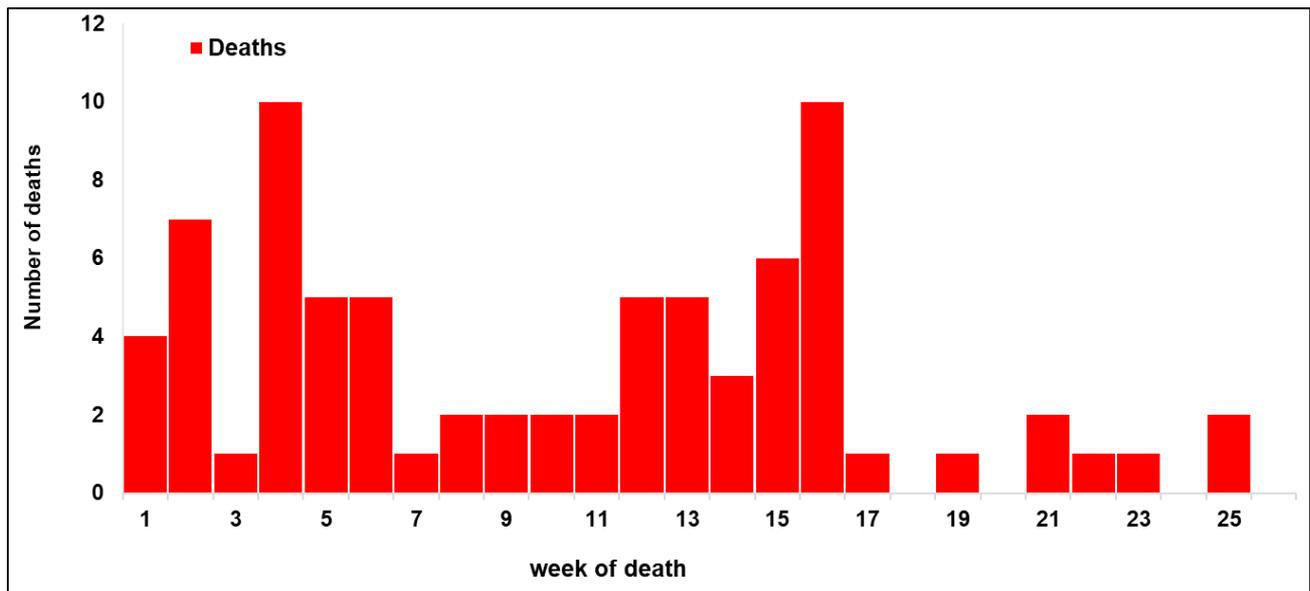


Figure 10: Trends in deaths, week 1 - 26, 2022, Nigeria

Table 7: Response activities

Pillar	Activities to date	Next steps
<i>Coordination</i>	<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 (FMEnvrt), and 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 • Planned review of National Cholera Plan
<i>Surveillance</i>	<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 harmonisation • Planned cholera surveillance evaluation across states
<i>Case Management & IPC</i>	<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
<i>Laboratory</i>	<ul style="list-style-type: none"> • Supported ongoing testing across state-level laboratories at NCDC National Reference Laboratory (NRL), Abuja 	<ul style="list-style-type: none"> • Planned sub-national level training of Laboratory Scientists on sample collection and analysis • Planned review of cholera diagnostics guidelines and SOP
<i>WASH</i>	<ul style="list-style-type: none"> • 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 • Continuous construction of sanitation and hygiene facilities with boreholes in cholera hotspots 	<ul style="list-style-type: none"> • Continue distribution of hygiene kits to affected states
<i>Logistics</i>	<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 EOC currently activated in Taraba and 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 and support to states on data reporting and response
- Continue advocacy to State Governments to increase funding in WASH infrastructure
- Pre-position response commodities across states
- Build capacity on sample collection, transportation and laboratory diagnosis
- Planned cholera surveillance evaluation across states
- Scale up risk communications
- Planned 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

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

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 3rd July 2022

