



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 07

Epidemiological Week 27- 30: (4 July to 31 July 2022)

Key Points

Table 1: Summary of current week (Epi week 30, 2022)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
175	10	5.7%	7	22

Table 2: Summary of monthly reported cases (Epi week 1- 30)

Months	Epi- Week	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 5	951	26	2.7%	20	47
February	6 - 9	606	7	1.2%	21	26
March	10 - 12	202	7	3.5%	10	39
April	13 - 17	411	14	4.4%	7	22
May	18 - 21	392	6	1.5%	12	28
June	22 - 26	475	6	1.3%	13	30
July	27 - 30	575	25	4.3%	16	69

Table 3: Cumulative summary from Epi week 1 - 30, 2022

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
3610	91	2.5%	31	190

Week 30 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, Jigawa, Kaduna, Kano, Katsina, Kebbi, Kwara, Lagos, Nasarawa, Niger, Ondo, Osun, Oyo, Plateau, Rivers, Sokoto, Taraba, Yobe and Zamfara

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- In the reporting month, 16 states reported 575 suspected cases – Abia (1), Bauchi (62), Bayelsa (4), Benue (1), Borno (160), Ekiti (1), Gombe (3), Jigawa (4), Kaduna (14), Kano (171), Katsina (115), Kebbi (1), Plateau (11), Sokoto (12), Yobe (4) and Zamfara (11)
- There was **18% increase in the number of new suspected cases** in July Epi week 27 - 30 (575) compared with June Epi week 22 – 26 (473)
- In the reporting week, Bauchi (15), Borno (94), Kaduna (1), Kano (30), Katsina (23), Yobe (3) and Zamfara (9) reported 175 suspected cases
- Borno, Bauchi, Kano and Katsina states account for 93% of 175 suspected cases reported in week 30
- During the reporting week, only 1 Cholera Rapid Diagnostic Test (RDT) was conducted. The RDT conducted was from Borno (100%) positive
- 105 stool culture test was conducted from Bauchi 6 (17%), Borno 94 (0%) Kano 2 (0%), Katsina 2(0%) and Yobe 1 (0%) positive
- Of the cases reported, there were 10 deaths with a weekly case fatality ratio (CFR) of 5.7%
- No new state reported cases in week 30
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary

- As of **31st July 2022**, a total of **3610 suspected cases including 91 deaths (CFR 2.5%)** 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, **49% are males and 51% are females**
- Nine states - Taraba (676 cases), Cross River (650), Katsina (378 cases), Borno (340 cases), Kano (318 cases), Ondo (283 cases), Zamfara (178 cases), Bayelsa (144 cases), Bauchi (100 cases) and Adamawa (56 cases) account for 87% of all cumulative cases
- Seven LGAs across two states Cross River (2), Borno (1), Kano (1) and Taraba (3) reported more than 100 cases each this year

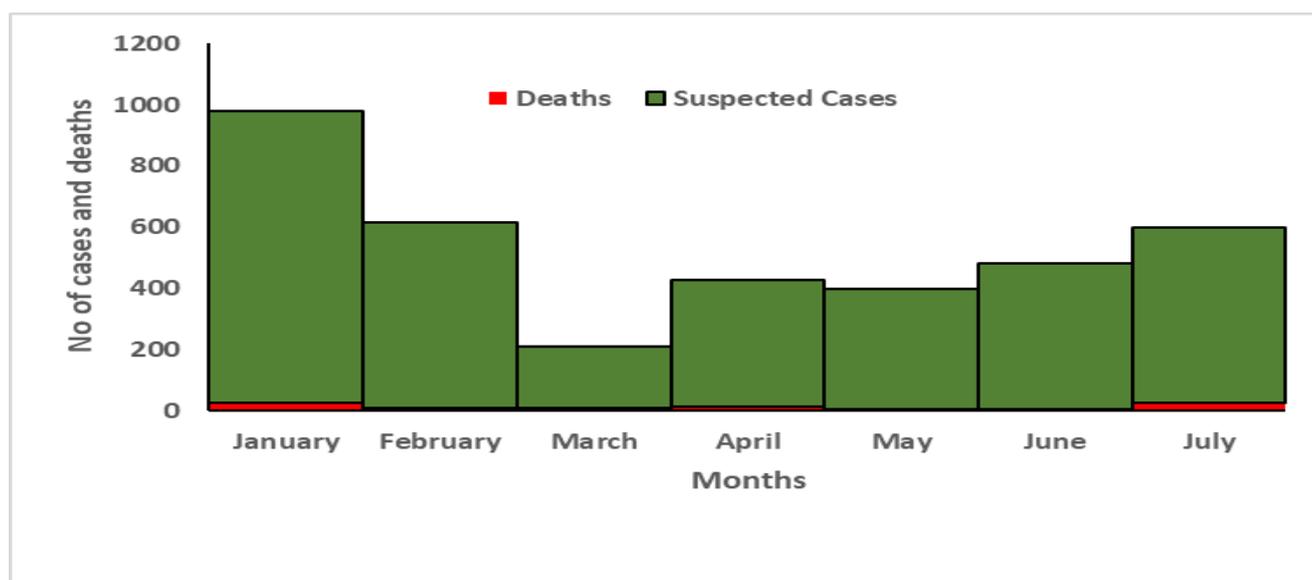


Figure 1: National Epidemic curve of monthly reported Cholera cases, January to July 2022

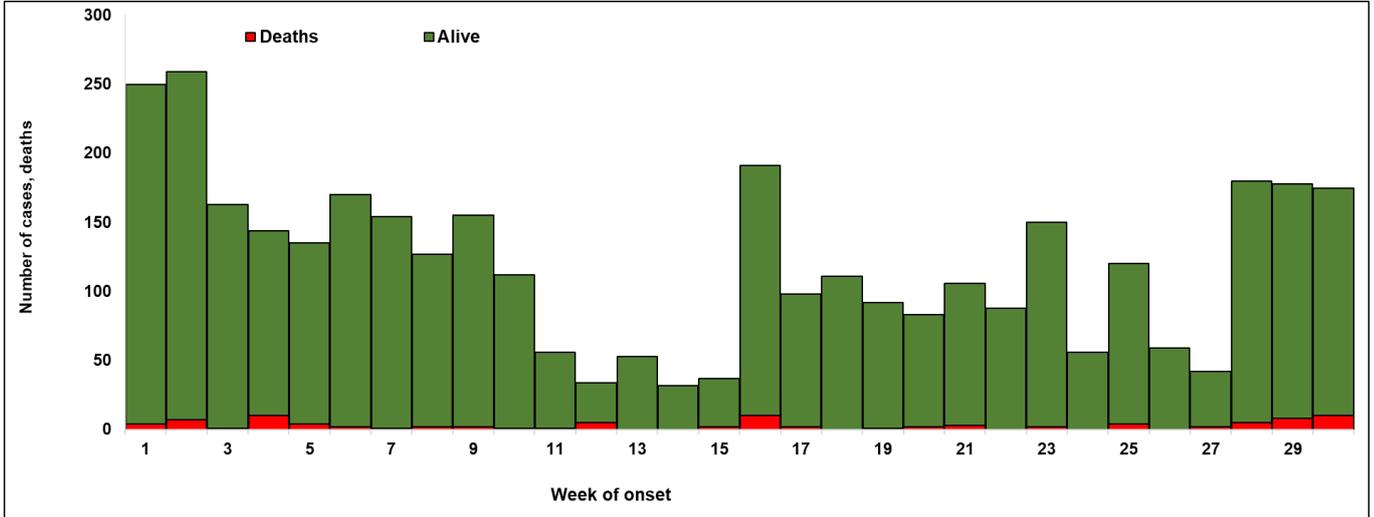


Figure 2: National epidemic curve of weekly reported Cholera cases, week 1 to week 30, 2022

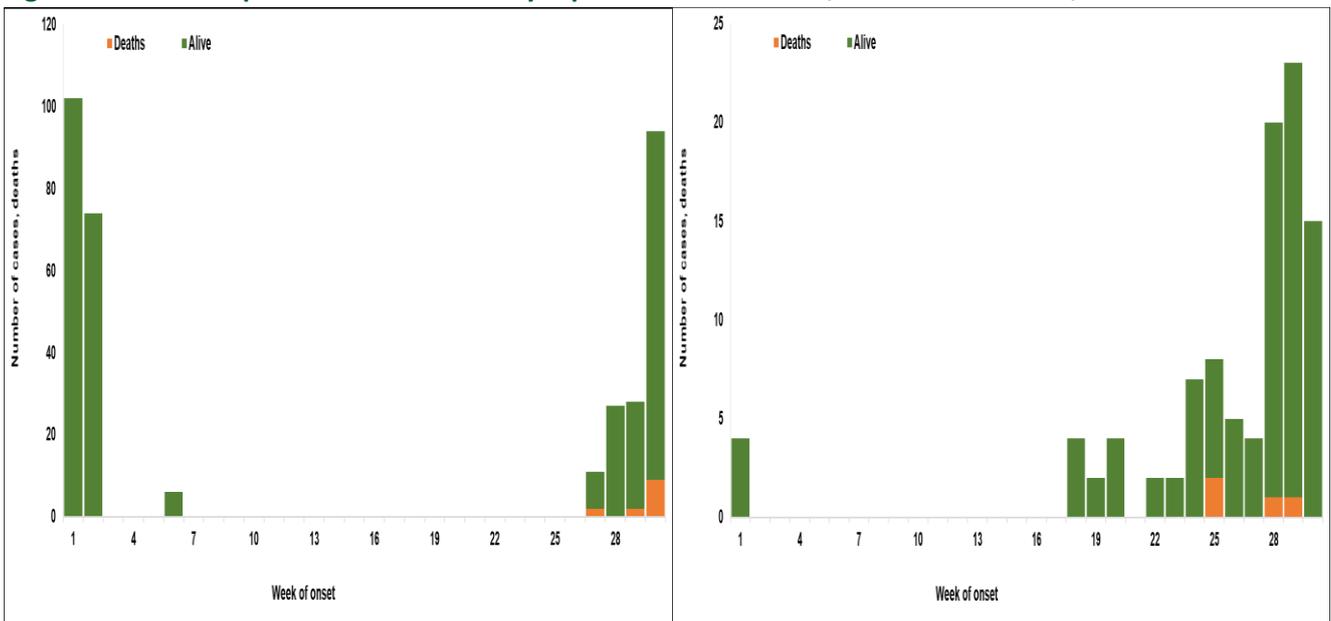


Fig 3: Borno epidemic curve, week 1 to week 30, 2022. Fig 4: Bauchi epidemic curve, week 1 to week 30, 2022

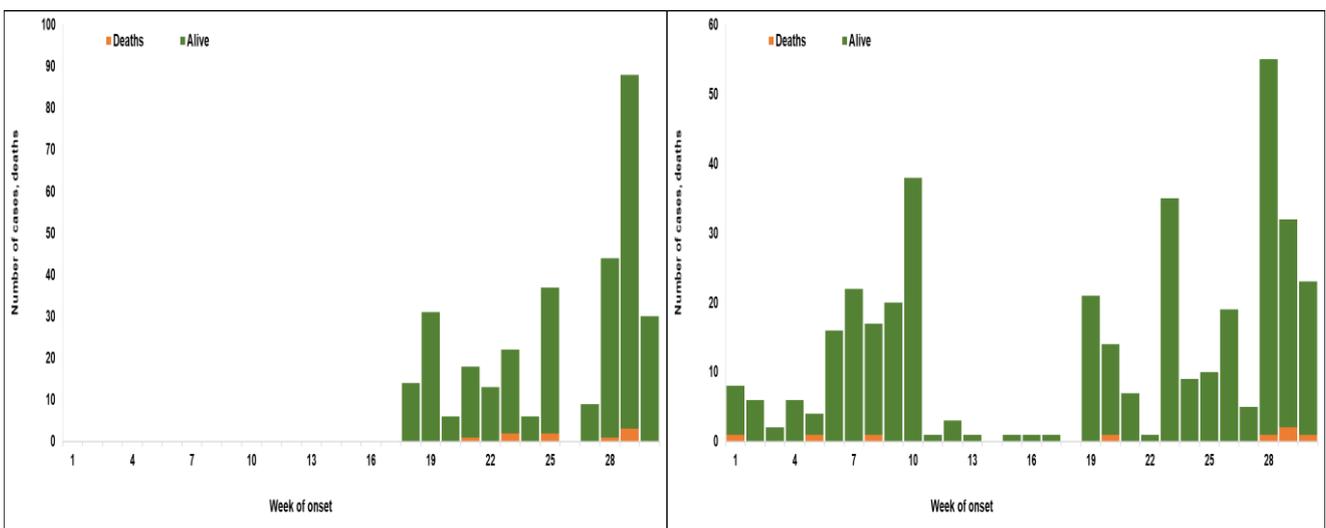


Fig 5: Kano epidemic curve, week 1 to week 30, 2022

Fig 6: Katsina epidemic curve, week 1 to week 30, 2022

Table 4: Top 10 states in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Taraba	676	19%	19%
2	Cross River	650	18%	37%
3	Katsina	378	10%	47%
4	Borno	342	9%	56%
5	Kano	318	9%	65%
6	Ondo	283	8%	73%
7	Zamfara	178	5%	78%
8	Bayelsa	144	4%	82%
9	Bauchi	100	3%	85%
10	Adamawa	56	2%	87%
Total		3125	87%	

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

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Bali	Taraba	300	8%	8%
2	Gassol	Taraba	199	6%	14%
3	Ogoja	Cross River	197	5%	19%
4	Wukari	Taraba	152	4%	23%
5	Ikom	Cross River	144	4%	27%
6	Gwarzo	Kano	140	4%	31%
7	Bayo	Borno	114	3%	35%
8	Calabar Municipal	Cross River	105	3%	34%
9	Talata Mafara	Zamfara	99	3%	40%
10	Katsina	Katsina	78	2%	42%
11	Odukpani	Cross River	77	2%	44%
12	Obanliku	Cross River	64	2%	46%
13	Mafa	Borno	63	2%	48%
14	Maiduguri	Borno	60	2%	50%
15	Safana	Katsina	59	2%	51%
Total			1851	51	

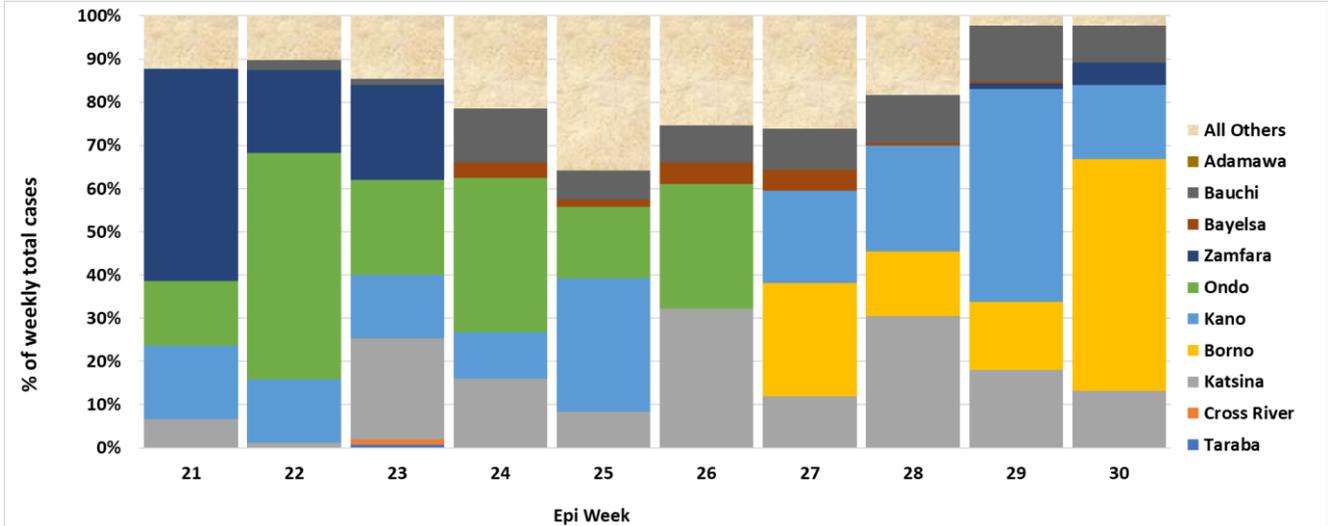


Figure 7: Percentage contribution of weekly cases by state in recent 10 weeks, week 21 - 30, 2022

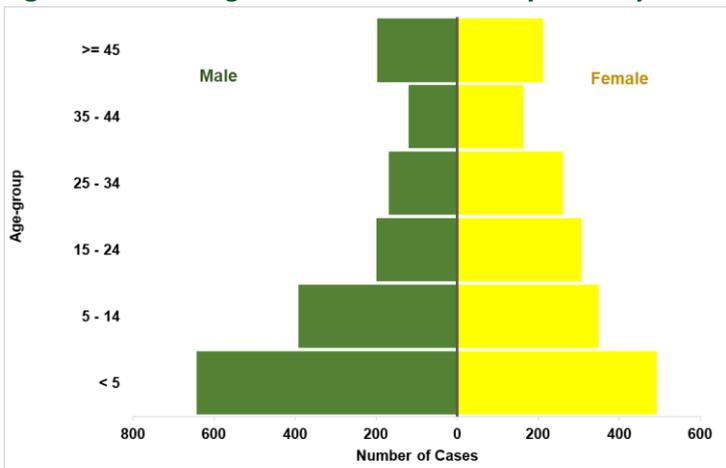


Figure 9: Age-Sex Pyramid for cumulative Cholera Cases, week 1-30 , 2022: N=3,606

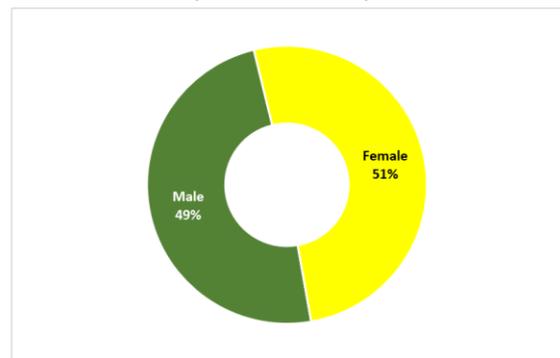


Figure 10: Sex disaggregation for cumulative Cholera cases, week 1-30 , 2022: N=3,606

Figure 8: Age – Sex Pyramid and Sex Aggregation for cholera cases week 1-30, 2022. N = 3606

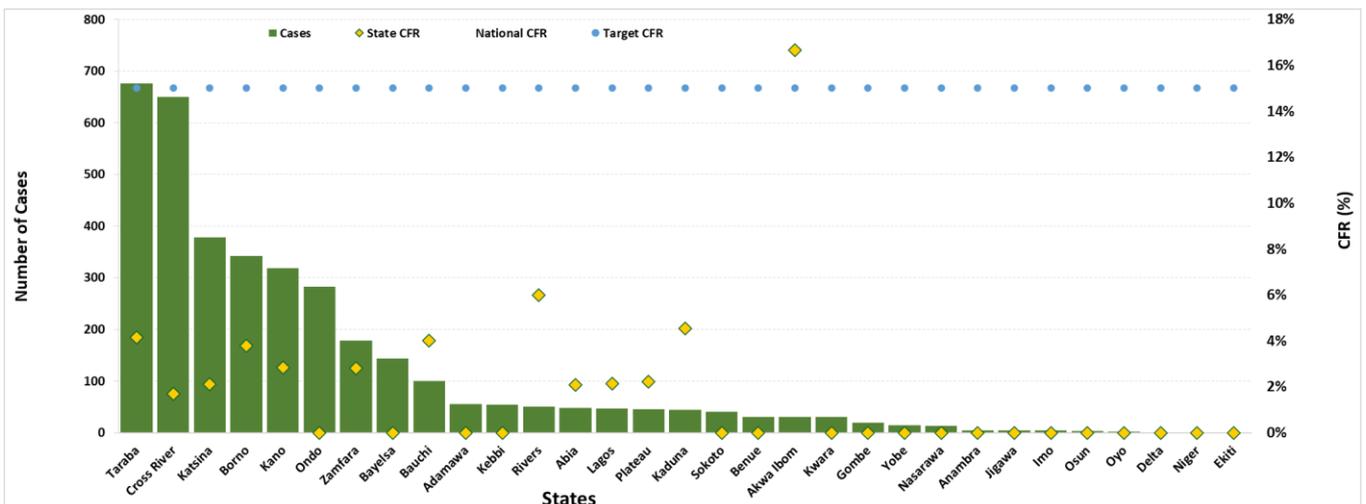


Figure 9: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1 - 30, 2022

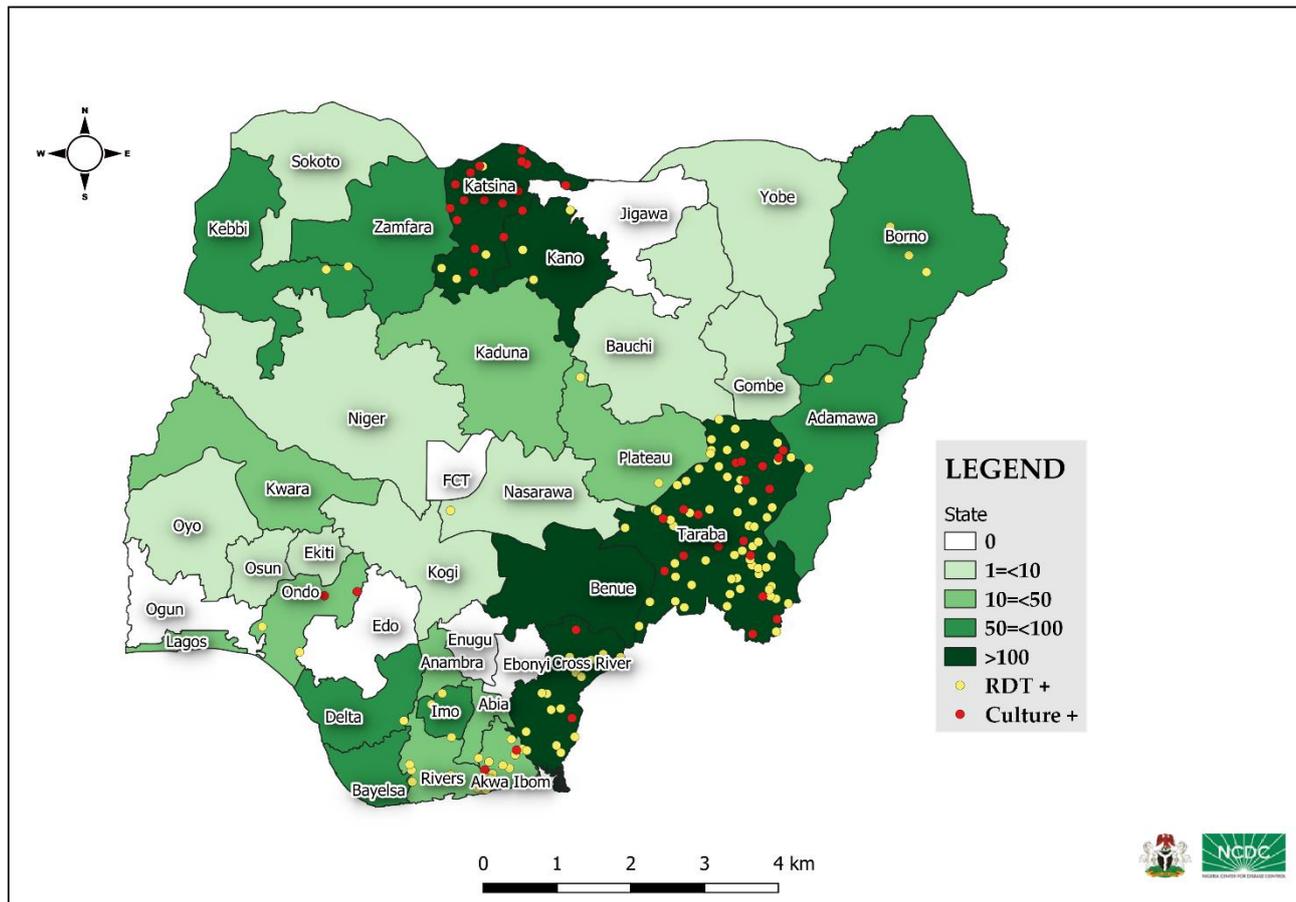


Figure 10. Map of Nigeria showing states with RDT + Culture and suspected cases, week 1 - 30, 2022

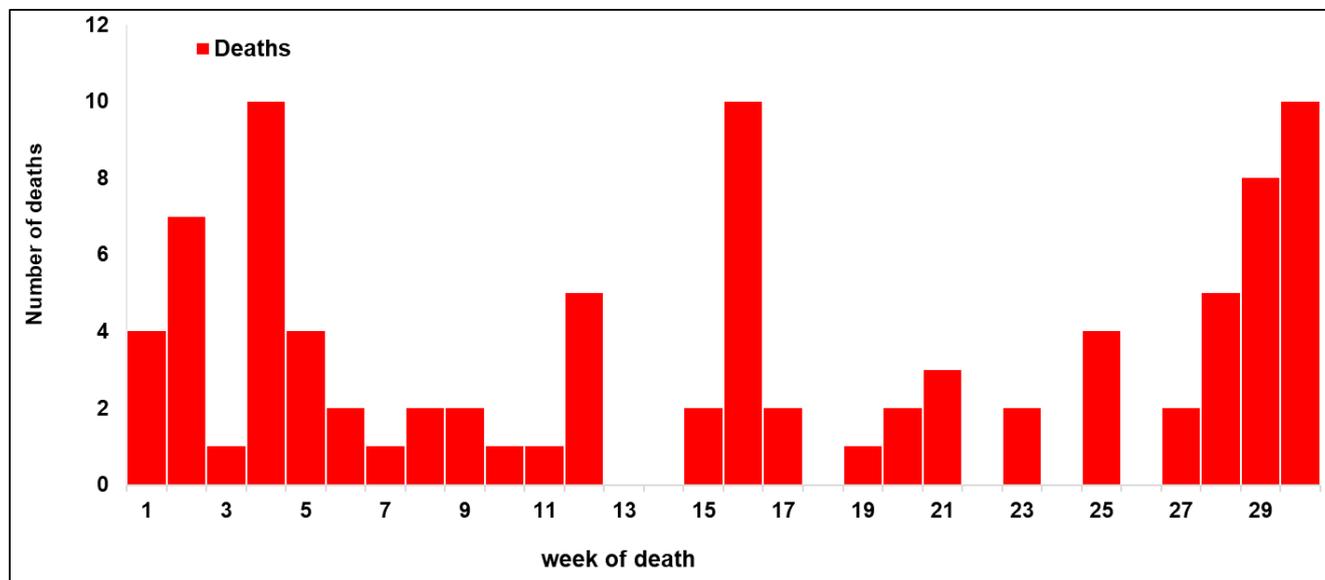


Figure 11: Trends in deaths, week 1 - 30, 2022, Nigeria

Table 6. Summary table for Weekly & Cumulative number of Cholera Cases, for 2022

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 (FMEvrt), National Primary Health Care Development Agency (NPHCDA) and Development Partners in the Health and WASH Sectors • Participated in a consultative workshop on the structure and functioning of a consortium to improve understanding of cholera genomics in Africa, organized by ACDC, Addis Ababa, Ethiopia 	<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 Control 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 	<ul style="list-style-type: none"> • Continue data collation and harmonisation • Planned 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 	<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"> • 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 • Ongoing review of cholera diagnostics guidelines and SOP
WASH	<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

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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 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 activated in Taraba, Cross River and Borno States	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
- Pre-position 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 Control Plan

Notes on this report

Data Source

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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

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 31st July 2022