



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 22

Epidemiological week 39: (23 September 2024 – 29 September 2024)

Key Points

Table 1: Current Epi-summary for week 39, 2024

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
198	15	7.6%	5	9

Table 2: Cumulative suspected cases (Epi week 1 - 39, 2024)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
10,837	359	3.3%	36	339

Months	Epi-Weeks	Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
January	1 - 4	361	3	0.8%	19	43
February	5 - 8	594	10	1.7%	24	49
March	9 - 12	530	5	0.9%	19	54
April	13 - 17	194	5	2.6%	18	42
May	18 - 22	164	2	1.2%	24	53
June	23 - 26	2618	103	3.9%	32	141
July	27 - 30	2178	55	2.5%	35	182
August	31 - 35	2286	90	3.9%	27	130
September	36 - 39	1938	87	4.5%	19	106

Table 3: Summary of monthly reported suspected cases (Epi week 1 - 39, 2024)

Week			
1 -- 39			
Summary	2023	2024	% Change
Suspected Cases	3,387	10,837	220%
Deaths	106	359	239%
CFR	3.1%	3.3%	6%

Table 4: Comparison of cumulative suspected cases as at week 39, 2023 and 2024

Week 39 Highlight

- 198 new suspected cases were reported, 15 deaths with CFR = 7.6%
- 5 States Adamawa (131), Ebonyi (30), Borno (29), Kano (7) and Jigawa (1) reported within the Epidemiological week

In the reporting month,

- States have reported 1938 suspected cases of Cholera, Adamawa (535), Jigawa (380), Lagos (259), Kano (224), Bauchi (90), Borno (88), Yobe (84), Katsina (78), Kebbi (61), Oyo (46), Ebonyi (34), Kaduna (31), Edo (13), Sokoto (4), Fct (4), Akwa-Ibom (2), Zamfara (2), Imo (2) and Kogi (1)
- 87 Deaths was recorded with CFR = 4.5%
- 254 Rapid Diagnostic Tests (RDT) were conducted with 175 positive results
- 149 stool culture test was conducted and with 103 positive results
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary for 2024

- As of **29th September 2024**, a total of **10,837 suspected cases including 359 deaths (CFR 3.3%)** 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 **5 - 14 years** in aggregate of both males and females
- Of all suspected cases, **52% are males and 48 are females**
- Lagos (4,667 cases) accounts for 43% of all suspected cases in the country of the 36 States that have reported cases of cholera
- Lagos Island LGA (596 cases) in Lagos State accounts for 5% of all suspected cases reported in the country
- Other States; Jigawa (870 cases), Kano (809 cases), Borno (588 cases), Katsina (559 cases), Adamawa (553 cases), Bayelsa (513 cases), Bauchi (307 cases), Ebonyi (244 cases), Zamfara (212 cases), Rivers (166 cases), Abia (159 cases), Yobe (146 cases), Ogun (133 cases), Oyo (128 cases), Imo (90 cases), Delta (85 cases), Kebbi (83 cases), Kaduna (74), Edo (55 cases), Cross River (54 cases), Osun (49 cases), Sokoto (46 cases), Ondo (41 cases), Akwa-Ibom (30 cases), Kogi (25 cases), Benue (23 cases), Nasarawa (23 cases), Fct (23 cases), Ekiti (19 cases), Niger (17 cases), Gombe (16 cases) and Kwara (16 cases) account for 62% of the suspected cases this year
- Comparatively, suspected cases of Cholera in the current year have increased by 220% compared to what was reported as at Epi-week 39 in 2023. Likewise, cumulative deaths recorded have increased by 239% in 2024

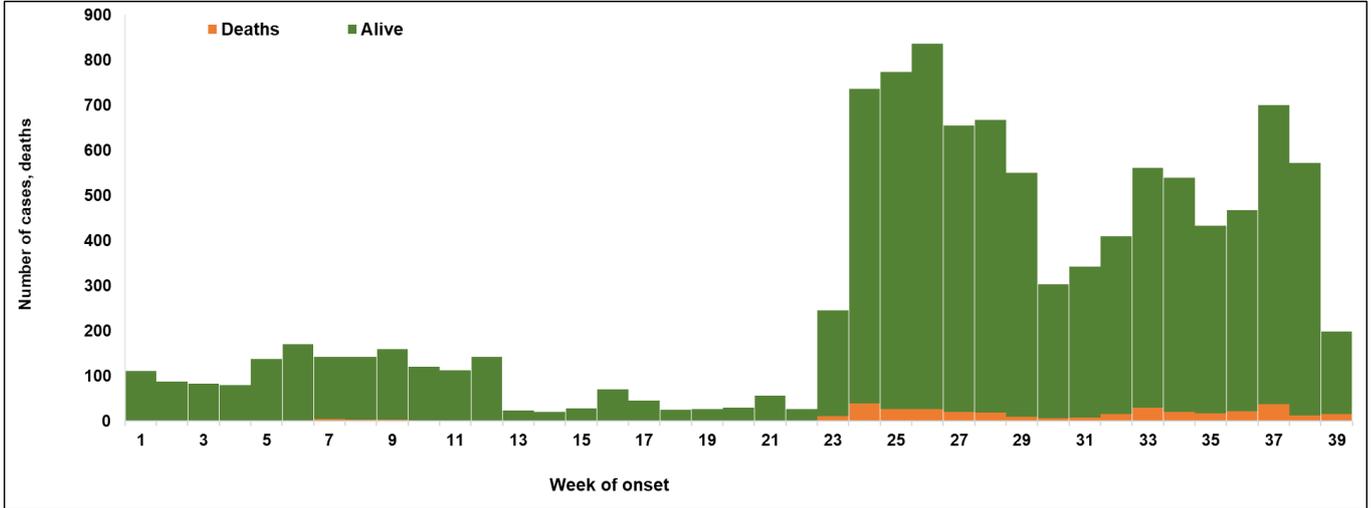


Figure 1: National Epidemic curve of weekly reported Cholera suspected cases, week 1 - 39, 2024

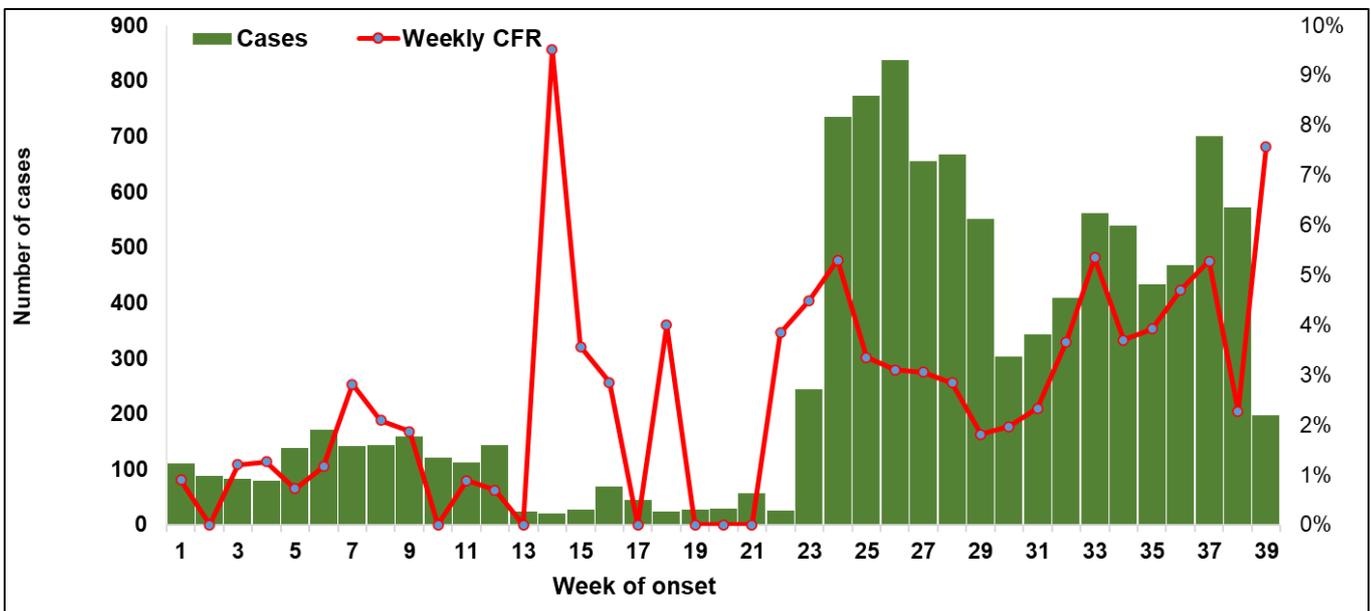


Figure 2: Trends in Case Fatality Ratio (CFR), Epi weeks 1 – 39, 2024, Nigeria

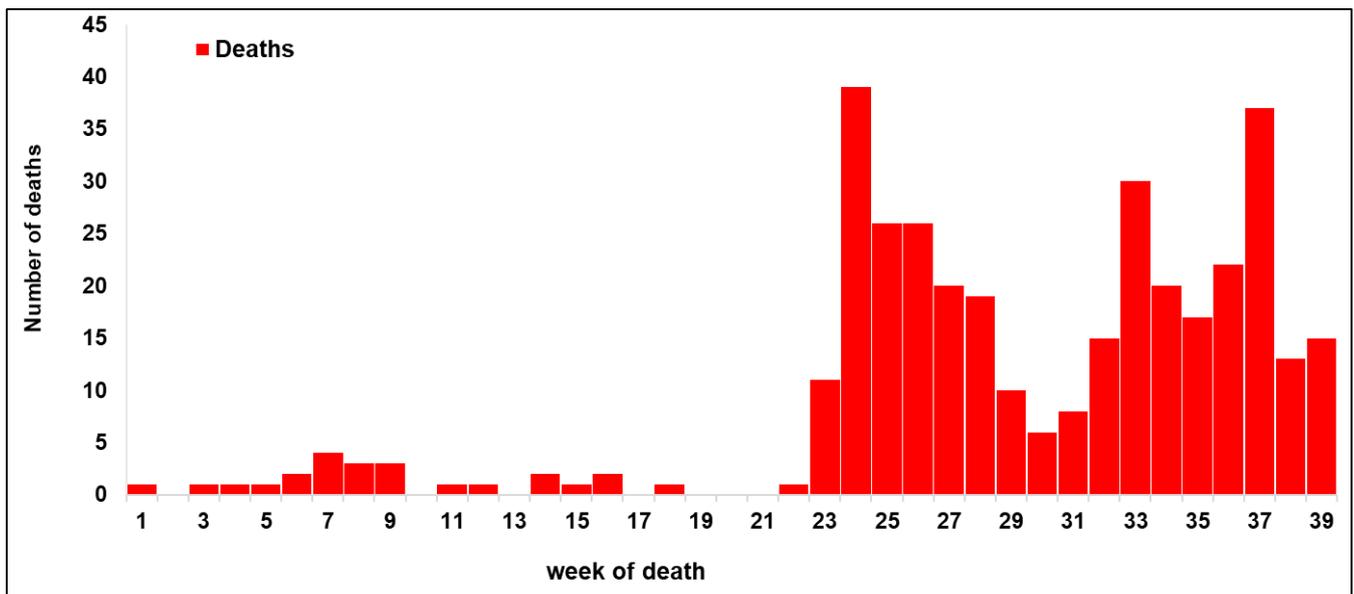


Figure 3: Trends in deaths, Epi weeks 1 - 39, 2024, Nigeria

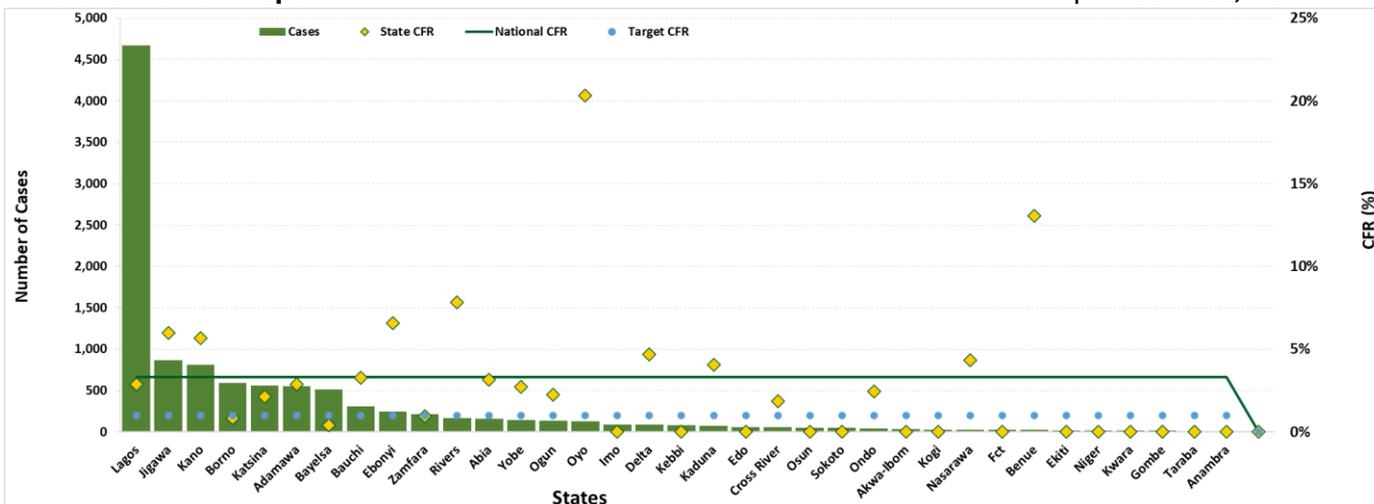


Figure 4: States' Cholera suspected cases by Case fatality ratio (CFR) Epi-weeks 1 - 39, 2024

Table 5: Top 9 States in cumulative suspected cases

No	State	Suspected cases	Percent of cumulative cases	Cumulative % of total cases
1	Lagos	4,667	43%	43%
2	Jigawa	870	8%	51%
3	Kano	809	7%	59%
4	Borno	588	5%	64%
5	Katsina	559	5%	69%
6	Adamawa	553	5%	74%
7	Bayelsa	513	5%	79%
8	Bauchi	307	3%	85%
9	Ebonyi	244	2%	87%
Total		9417	87%	

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	596	5%	5%
2	Eti-Osa	Lagos	576	5%	11%
3	Lagos Mainland	Lagos	562	5%	16%
4	Yola North	Adamawa	486	4%	20%
5	Gwoza	Borno	450	4%	25%
6	Alimosho	Lagos	422	4%	29%
7	Ajeromi/Ifelodun	Lagos	384	4%	32%
8	Epe	Lagos	285	3%	37%
9	Surulere	Lagos	271	3%	40%
10	Auyo	Jigawa	216	2%	42%
11	Ikorodu	Lagos	198	2%	44%
12	Kosofe	Lagos	196	2%	45%
13	Apapa	Lagos	185	2%	47%
14	Southern Ijaw	Bayelsa	172	2%	49%
Total			5284	49%	

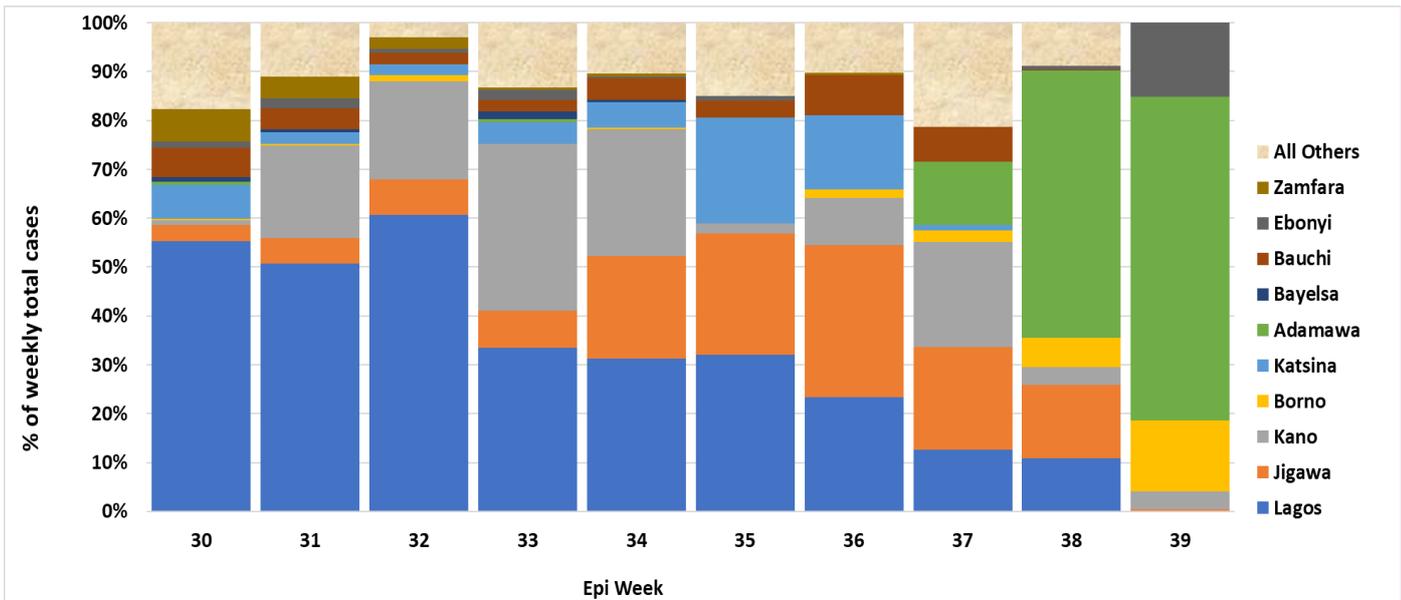


Figure 5: Proportion contribution of suspected cases by states in recent 10 epidemiologic week

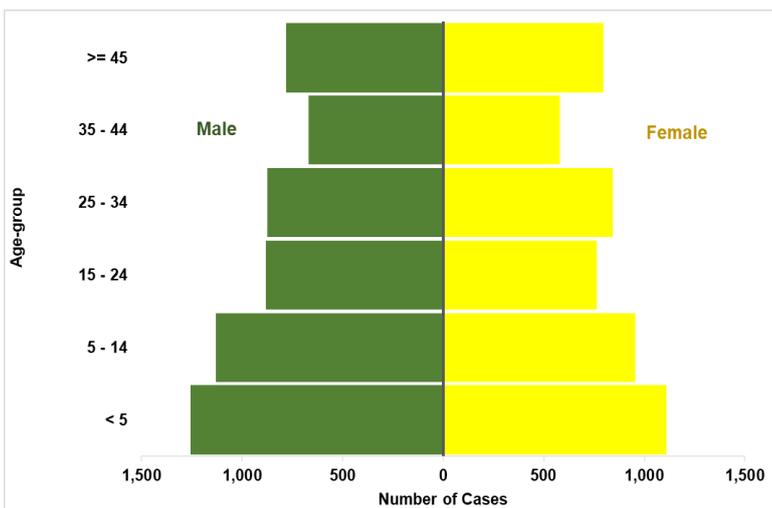


Figure 6. Age-Sex Pyramid for cumulative Cholera Cases, week 1-39, 2024: N=10,688

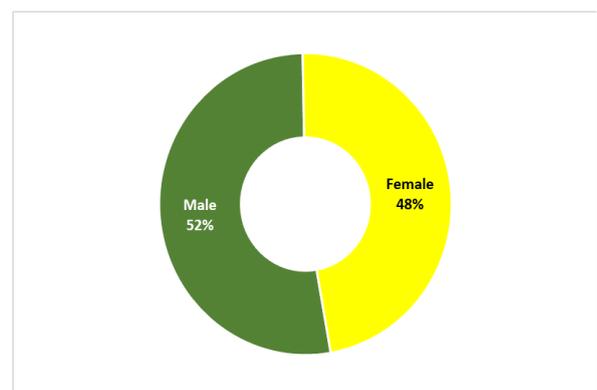


Figure 7. Sex disaggregation for cumulative Cholera cases, week 1-39, 2024: N=10,826

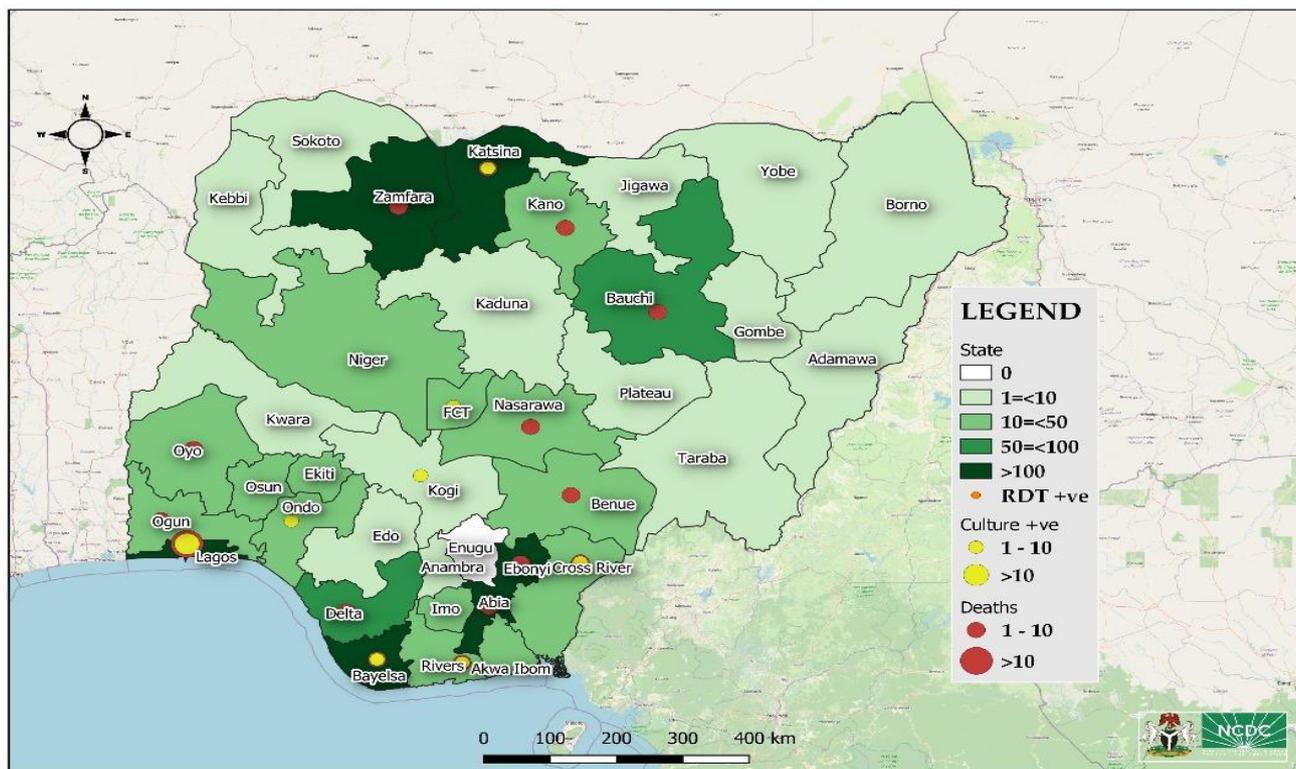


Fig. 8: Map of Nigeria showing states with RDT + Culture and suspected cases, weeks 1 - 39, 2024

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 39)					Cumulative (Week 1 - 39)					
			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		131	▼ 58%	3	▲ 50%	1 (100%)	553	16	2.9%	108 (94%)	102 (78%)	
3 Akwa-Ibom	Active			▼ 100%				30	-	0.0%	10 (0%)	30 (0%)	
4 Anambra								4	-	0.0%	3 (0%)	1 (0%)	
5 Bauchi	Active			▼ 100%				307	10	3.3%	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	Active		29	▼ 15%			22 (95%)	588	5	0.9%	75 (84%)	10 (60%)	
9 Cross River								54	1	1.9%	28 (7%)	11 (9%)	
10 Delta								85	4	4.7%	26 (27%)		
11 Ebonyi	Active		30	▲ 650%	12	▲ 300%	15 (100%)	244	16	6.6%	32 (53%)		
12 Edo								55	-	0.0%	50 (10%)	15 (40%)	
13 Ekiti								19	-	0.0%	5 (20%)	3 (0%)	
14 Fct	Active			▼ 100%				23	-	0.0%		8 (25%)	
15 Gombe								16	-	0.0%	4 (25%)	9 (0%)	
16 Imo	Active			▼ 100%				90	-	0.0%	48 (2%)	9 (0%)	
17 Jigawa	Active		1	▼ 99%		▼ 100%		870	52	6.0%	87 (24%)	28 (18%)	
18 Kaduna	Active			▼ 100%				74	3	4.1%	34 (62%)	16 (69%)	
19 Kano	Active		7	▼ 67%		▼ 100%		809	46	5.7%	60 (32%)	22 (55%)	
20 Katsina	Active							559	12	2.1%	76 (4%)	64 (20%)	
21 Kebbi	Active			▼ 100%				83	-	0.0%	11 (0%)	9 (33%)	
22 Kogi	Active			▼ 100%				25	-	0.0%	25 (8%)	25 (36%)	
23 Kwara								16	-	0.0%	14 (0%)	2 (0%)	
24 Lagos	Active			▼ 100%				4,667	134	2.9%	3134 (7%)	2129 (4%)	
25 Nasarawa								23	1	4.3%	2 (0%)	2 (0%)	
26 Niger								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			▼ 100%		▼ 100%		128	26	20.3%	30 (13%)	14 (21%)	
31 Plateau								1	-	0.0%	1 (0%)		
32 Rivers								166	13	7.8%	26 (65%)	23 (57%)	
33 Sokoto	Active			▼ 100%				46	-	0.0%		10 (20%)	
34 Taraba								9	-	0.0%	1 (0%)	4 (0%)	
35 Yobe	Active			▼ 100%				146	4	2.7%	19 (0%)	13 (8%)	
36 Zamfara								212	2	0.9%	65 (60%)	2 (0%)	
National	17		198	▼ 65%	15	▲ 15%	38 (97%)	10,837	359	3.3%	4137 (14%)	2676 (10%)	

*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 (FMEv), National Primary Health Care Development Agency (NPHCDA) and Development Partners • Activation of EOC and Deployment of NRRT to 6 states • Deployment of NRRT to states with flooding, increased number of suspected cases and mortality 	<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 	<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"> • Identification of laboratories for possible optimization for 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"> • Vaccination is ongoing in Borno and Adamawa states. 	<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
- 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.
- Knowledge gap among case managers in testing and case management.

Next Steps

- Maintain communication with and support to states for data reporting and response
- State/LGA Surveillance officers to intensify community and facility based Active case search and follow-up weekly to reduce late/non reporting.
- Sensitization of identified hotspot communities on Cholera prevention.

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 18 - 22 (6) were added*
- *A backlog of suspected cases for epi week 23 - 26 (32) were added*
- *A backlog of suspected cases for epi week 27 - 30 (52) were added*
- *A backlog of suspected cases for epi week 31 - 35 (442) were added*

DATA AS REPORTED AND ACCURATE BY NCDC AS AT MIDNIGHT 29th SEPTEMBER 2024