



Cholera Situation Report

MONTHLY EPIDEMIOLOGICAL REPORT 07

Epidemiological week 31- 35: (1 August to 4 September 2022)

Key Points

Table 1: Summary of current week (Epi week 35, 2022)

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
478	6	1.3%	5	27

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	62
February	6 - 9	606	7	1.2%	21	48
March	10 - 12	204	7	3.4%	10	32
April	13 - 17	418	14	3.5%	12	32
May	18 - 21	485	6	1.2%	19	59
June	22 - 26	495	6	1.2%	18	54
July	27 - 30	705	30	4.3%	17	80
August	31 - 35	1677	6	1.3%	11	52

Table 2: Summary of monthly reported cases (Epi week 1- 35)

Table 3: Cumulative summary from Epi week 1 - 35, 2022

Suspected Cases	Deaths (Suspected cases)	Case Fatality Ratio (%)	States Reporting Cases	LGAs Reporting cases
5451	149	2.7%	31	217

Week 35 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
- In the reporting month, 11 states reported 1677 suspected cases – Yobe (853), Borno (333), Jigawa (247), Gombe (133), 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 **58% increase in the number of new suspected cases** in August Epi week 31 - 35 (1677) compared with July Epi week 27 – 30 (705)
- In the reporting week, Yobe (285), Jigawa (69), Gombe (69), Borno (47) and Adamawa (9) reported 478 suspected cases
- Borno, Yobe, Jigawa and Gombe states account for 98% of 478 suspected cases reported in week 35
- During the reporting week, only 55 Cholera Rapid Diagnostic Test (RDT) was conducted. The RDT conducted was from Yobe 12(92%), Borno 10(90%), Jigawa 16(44), Adamawa 4(75%) and Gombe 13(69%) positive
- 6 stool culture test was conducted from Yobe 1(100%) and Jigawa 5 (100%) positive
- Of the cases reported, there were 6 deaths with a weekly case fatality ratio (CFR) of 1.3%
- No new state reported cases in week 30
- National multi-sectoral Cholera TWG continues to monitor response across states

Cumulative Epi-Summary

- As of **4th September 2022**, a total of **5451 suspected cases including 149 deaths (CFR 2.7%)** 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, **47% are males and 53% are females**
- Thirteen states – Yobe (918 cases), Borno (679 cases), Taraba (676 cases), Cross River (650), Katsina (378 cases), kano (333 cases), Jigawa (317 cases), Ondo (283 cases), Zamfara (178 cases) Adamawa (161 cases), Gombe (159 cases), Bayelsa (145 cases) and Bauchi (122 cases), account for 92% of all cumulative cases
- Twelve LGAs across six states Cross River (3), Taraba (3), Yobe (3), Borno (1), kano (1) and Zamfara (1), reported more than 100 cases each this year

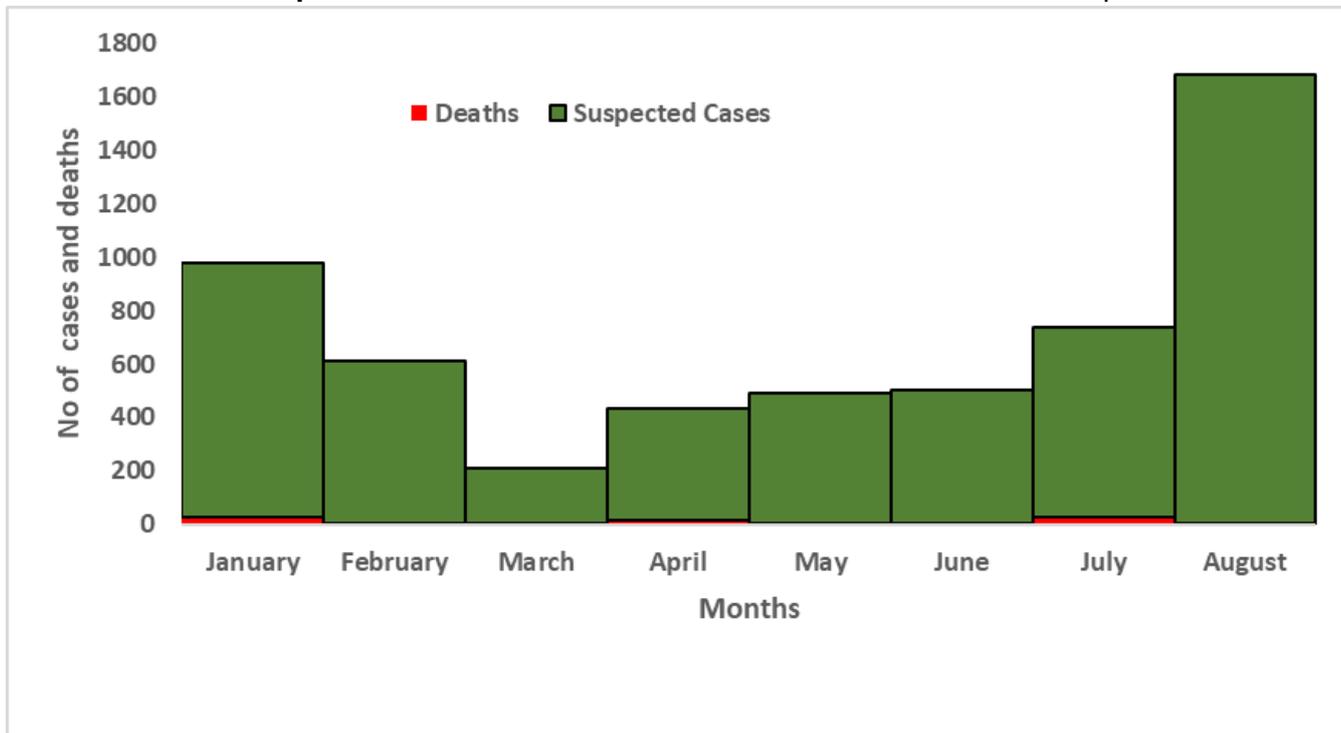


Figure 1: National Epidemic curve of monthly reported Cholera cases, January to August 2022

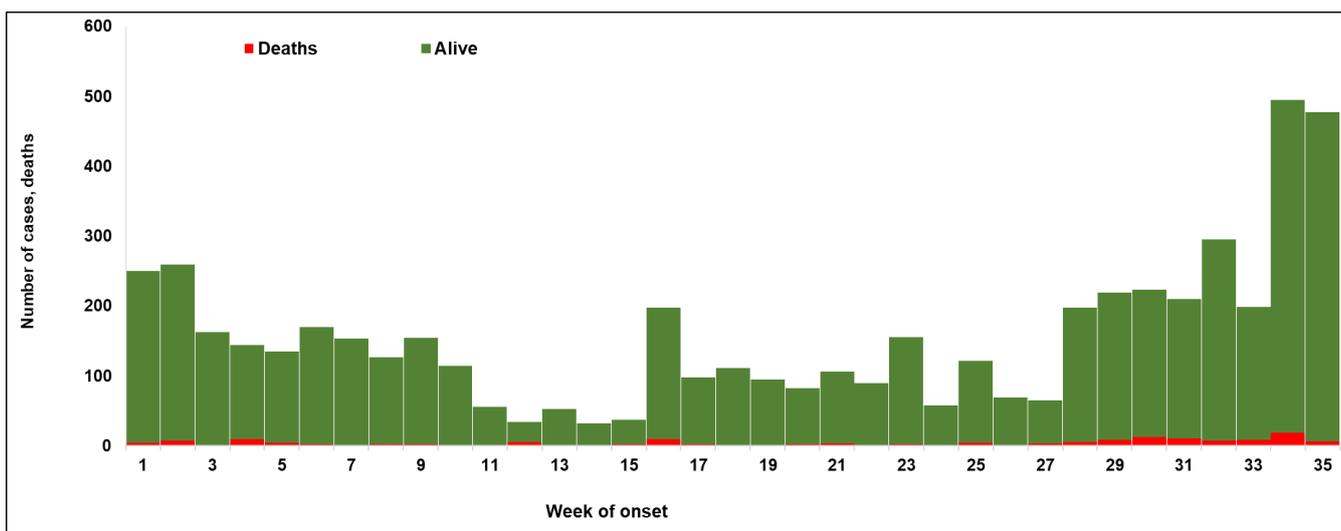


Figure 2: National Epidemic curve of weekly reported Cholera cases, week 1 to week 35, 2022

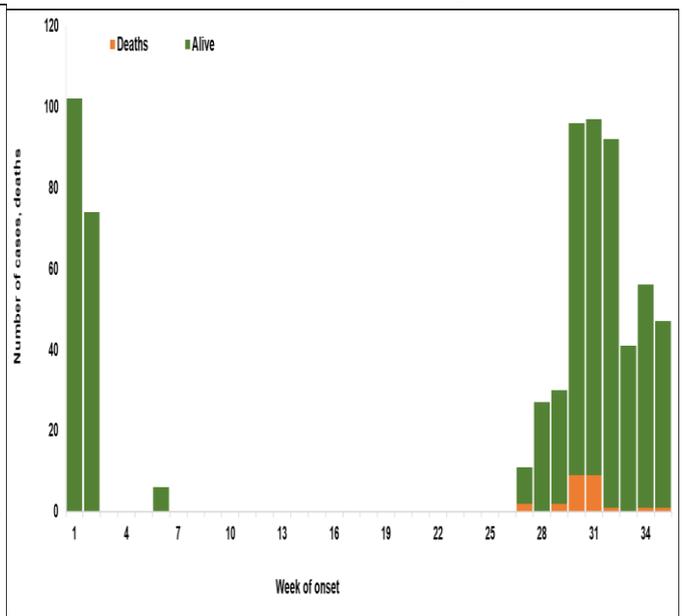
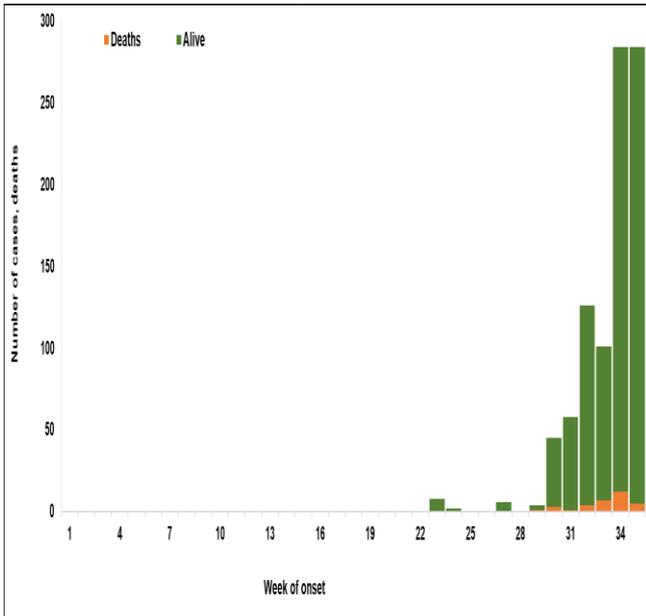


Fig 3: Yobe epidemic curve, week 1 to week 35, 2022

Fig 4: Borno epidemic curve, week 1 to week 35, 2022

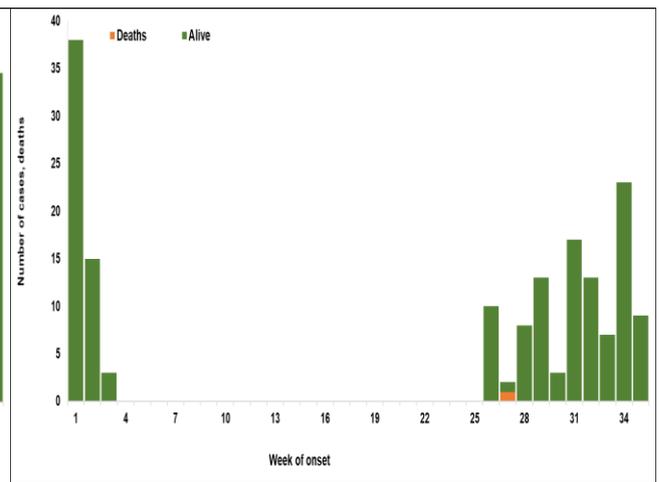
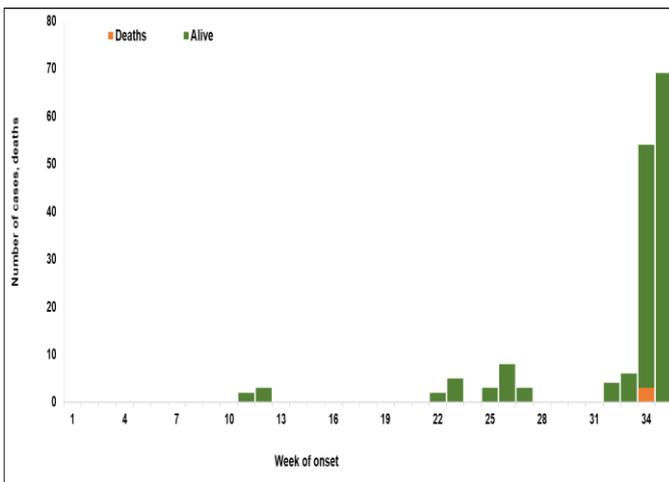


Fig 5: Gombe epidemic curve, week 1 to week 35, 2022

Fig 6: Adamawa epidemic curve, week 1 to week 35, 2022

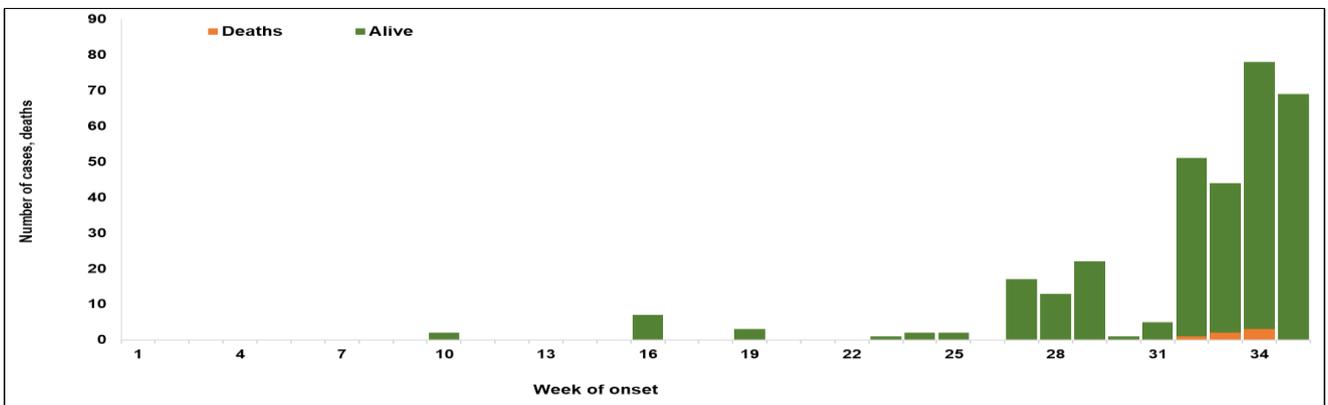


Fig 7: Jigawa epidemic curve, week 1 to week 35, 2022

Table 4: Top 10 states in cumulative cases

No	State	Cases	Percent of cumulative cases	Cumulative % of total cases
1	Yobe	918	17%	17%
2	Borno	679	12%	29%
3	Taraba	676	12%	41%
4	Cross River	650	12%	53%
5	Katsina	378	7%	60%
6	Kano	333	6%	66%
7	Jigawa	317	6%	72%
8	Ondo	283	5%	77%
9	Zamfara	180	3%	80%
10	Adamawa	161	3%	83%
Total		4678	83%	

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

No	LGA	State	Cases	% of cumulative cases	Cumulative %
1	Bayo	Borno	347	6%	6%
2	Bali	Taraba	300	6%	12%
3	Gulani	Yobe	276	5%	17%
4	Gujba	Yobe	241	4%	21%
5	Fika	Yobe	237	4%	26%
6	Gassol	Taraba	199	4%	29%
7	Ogoja	Cross River	197	4%	33%
8	Wukari	Taraba	152	3%	39%
9	Gwarzo	Kano	145	3%	38%
10	Ikom	Cross River	144	3%	41%
11	Calabar Municipal	Cross River	105	2%	43%
12	Talata Mafara	Zamfara	101	2%	45%
13	Katsina	Katsina	78	1%	46%
14	Odukpani	Cross River	77	1%	48%
15	Sule Tankarkar	Jigawa	75	1%	49%
Total			2681	49%	

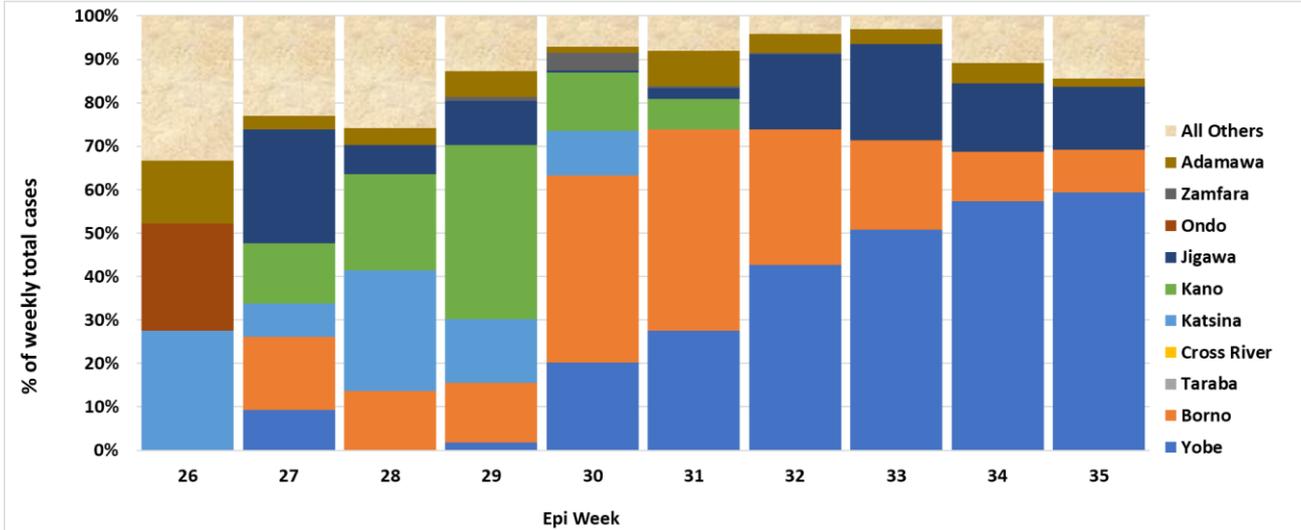


Figure 8: Percentage contribution of weekly cases by state in recent 10 weeks, week 26 - 35, 2022

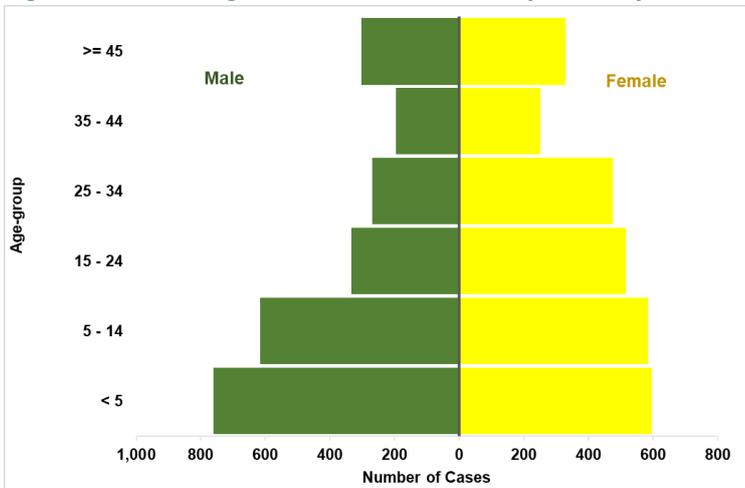


Figure 9: Age-Sex Pyramid for cumulative Cholera Cases, week 1-35, 2022: N=5,331

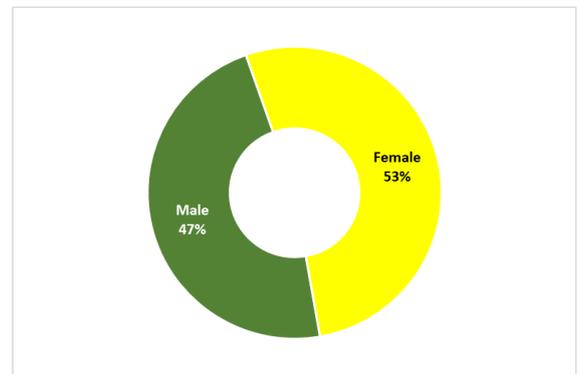


Figure 10: Sex disaggregation for cumulative Cholera cases, week 1-35, 2022: N=5,331

Figure 9: Age – Sex Pyramid and Sex Aggregation for cholera cases week 1-35, 2022.

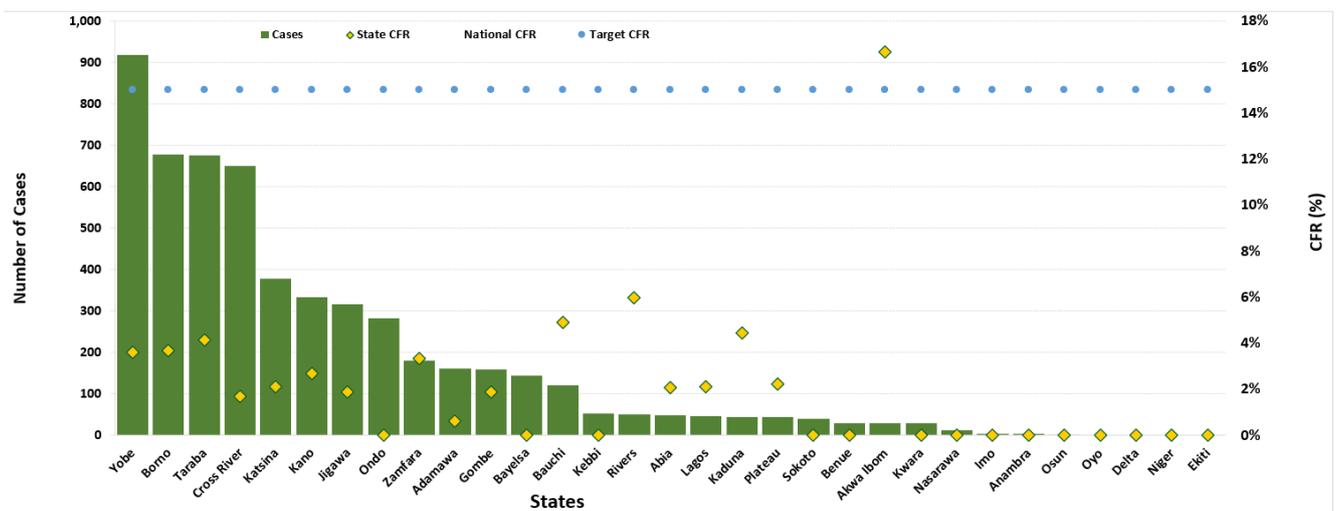


Figure 10: Number of cumulative cholera cases with case fatality ratio (CFR) by state, week 1 - 35, 2022

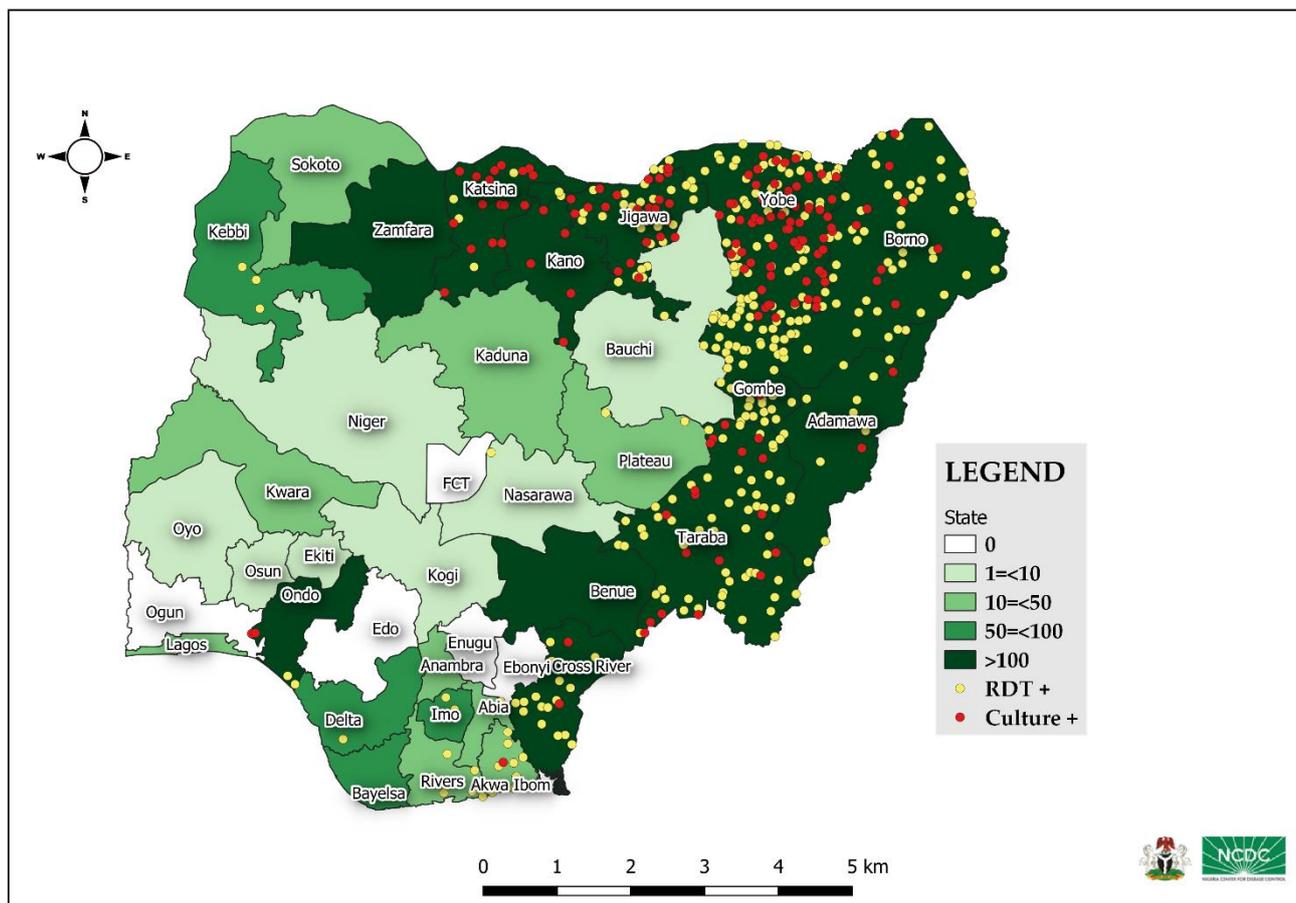


Figure 10. Map of Nigeria showing states with RDT + Culture and suspected cases, week 1 - 35, 2022

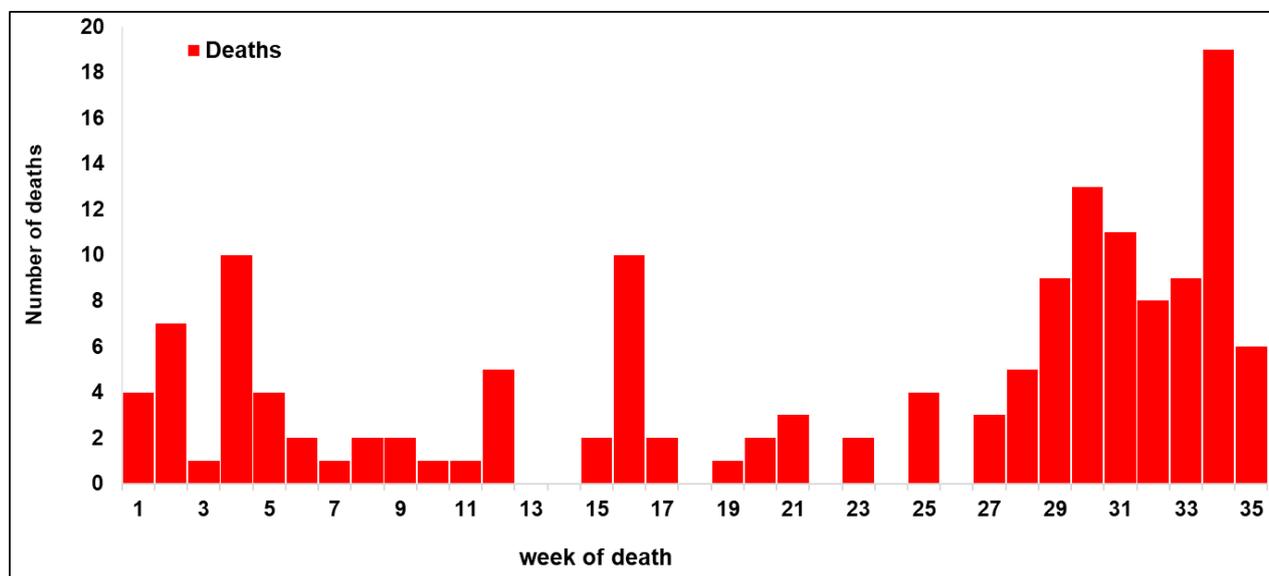


Figure 11: Trends in deaths, week 1 - 35, 2022, Nigeria

Table 7: 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 (FMEvrt), National Primary Health Care Development Agency (NPHCDA) and Development 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 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 	<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 and CPHL Yaba-Lagos 	<ul style="list-style-type: none"> Planned sub-national level training of Laboratory Scientists on sample collection and analysis Planned finalization 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
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 currently activated in Borno, Adamawa, Bauchi, Gombe and Yobe	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
- Planned 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 ≥ 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 130 cases were added to the 575 cases for the month of July and makes a total of 705 cases*

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