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Nigeria Flash Update

Cholera Outbreak – Country Overview

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Reporting Period

Epidemiological week 37

As of 14 September 2025

HIGHLIGHTS

- As of 14 September 2025, a total of **10,353 suspected cases of cholera**, including **244 deaths (case fatality rate (CRF): 2.4 per cent)**, have been reported across 37 states. Since the beginning of the year, children under 5 years of age have been the most affected, followed by those aged 5 to 14 years, across both sexes. Of all suspected cases, **50 per cent are male** and **50 per cent are female**.
- During epidemiological week 37, **Zamfara State** reported 6,423 suspected cases of cholera, accounting for **63 per cent** of all suspected cases nationwide. **Gusau Local Government Area (LGA)** in Zamfara State reported 1,318 suspected cases, representing **13 per cent** of the national total. **Other States:** Sokoto (847 cases), Bayelsa (773), Niger (345 cases), Adamawa (339 cases), Delta (235 cases), Katsina (223 cases), Bauchi (177 cases), Lagos (176 cases), Kebbi (123 cases), Rivers (112 cases), Plateau (106 cases), Benue (54 cases), Abia (52 cases), Gombe 38 cases), Akwa-Ibom (36 cases), Ebonyi (23 cases), Kogi (23 cases), Ekiti (18 cases), Enugu (15 cases), Borno (14 cases), Imo (14 cases), Ondo (14 cases), Oyo (11 cases), Kaduna (11 cases), Nasarawa (9 cases), Osun (8 cases), Fct (8 cases), Yobe (6 cases), Ogun (5 cases), Cross River (4 cases), Kano (3 cases), Anambra (2 cases), Jigawa (2 cases), Taraba (1 case), Edo (1 case), and Kwara (1 case). Together, these states account for **37 per cent** of the suspected cases reported in 2025.
- Compared to the same period in 2024 (Epi-week 36), the number of suspected cholera cases have decreased by **8 per cent**, while cumulative deaths have declined by **39 per cent**.
- As the rainy season intensifies, authorities warn of a potential increase in cholera cases, particularly in flood-prone areas. The **Nigeria Centre for Disease Control and Prevention (NCDC)** has called for urgent action to improve **water, sanitation and hygiene (WASH)** infrastructure, strengthen disease surveillance, and enhance rapid response mechanisms.
- To date, UNICEF has implemented a multisectoral response across four states, reaching more than **3,119,800 people** through interventions in **health, WASH, risk communication and community engagement (RCCE)**, and other emergency services.
- UNICEF aims to **reach 1 million children and community members in Nigeria** with life-saving interventions, requiring a total of **US\$7,600,000 in funding**.

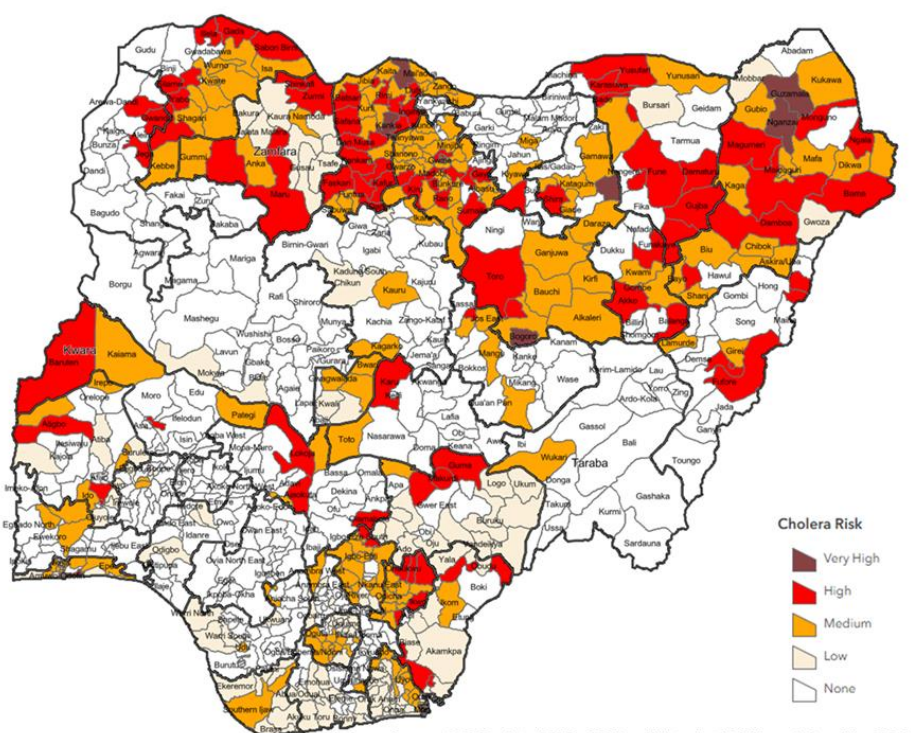
EPIDEMIOLOGICAL SITUATION AND NEEDS OVERVIEW

Nigeria has experienced multiple cholera outbreaks since the first reported case in [Ibadan in 1971](#), when [22,931 cases](#) were recorded, with a [CFR of 12.8 per cent](#). Between 1972 and 1990, relatively few cases were reported. A major resurgence occurred in [1991](#), with [59,478 cases](#)—more than double the number reported in 1972—and a CFR of [12.9 per cent](#).

Since 1991, Nigeria has consistently reported [at least 300 cases annually](#), with larger cyclical outbreaks occurring every [three to five years](#). Encouragingly, the CFR has declined steadily over time. Between [2018 and 2022](#), the CFR ranged from [1.11 to 3.94 per cent](#), marking significant progress, although still above the [acceptable threshold of less than 1 per cent](#).

According to a recent [risk analysis by the National Emergency Management Agency \(NEMA\)¹](#), cholera hotspots are concentrated in the following regions:

- [Northwest Nigeria](#): Zamfara (Anka, Gusau), Sokoto (Gada), Kano (Municipal), and Katsina (Bakori).
- [Northeast Nigeria](#): Borno (Maiduguri, Jere), Adamawa (Yola, Mubi), and Bauchi (Kirfi).
- [North Central Nigeria](#): Niger and Plateau states, where recurring outbreaks are linked to flooding and inadequate WASH infrastructure.
- [Southwest Nigeria](#): Lagos (Makoko) and Oyo, where open defecation and poor sanitation contribute to persistent outbreaks.
- [South-South Nigeria](#): Cross River and Bayelsa, which face challenges from polluted water sources and seasonal flooding.



¹ <https://nema-risk-analysis-report-2024-unicef.hub.arcgis.com/>

The persistence and spread of cholera in Nigeria are closely linked to deep-rooted structural and systemic challenges. [Inadequate WASH infrastructure](#), particularly the widespread practice of open defecation and reliance on contaminated water sources, remains a key driver of recurring outbreaks.

[The fragility of the health system](#), especially in rural and conflict-affected areas such as [Borno and Zamfara](#), limits the capacity to deliver timely and effective responses. Poor road conditions and widespread insecurity further hinder the rapid deployment of emergency teams and the delivery of life-saving supplies.

These challenges are compounded by [limited emergency preparedness](#). Many high-risk areas face critical shortages of trained personnel, essential medical supplies, and functioning isolation or treatment centres when outbreaks occur.

LEADERSHIP, COORDINATION AND STRATEGY

Nigeria's cholera response is coordinated through a [national, multisectoral framework](#) led by the NCDC and the Federal Ministry of Health (FMOH). The National Cholera Technical Working Group (TWG) oversees strategy, preparedness, and surveillance, guided by the [National Cholera Response Plan](#), which outlines key pillars including case management, WASH, surveillance, risk communication, and vaccination.

Coordination is supported by [United Nations agencies](#) (UNICEF, WHO), [non-governmental organizations](#) (NGOs), and [donors](#) through both technical and operational working groups.

At the [subnational level](#), coordination is activated through the [Emergency Operations Centre](#) (EOC), chaired by the [State Ministry of Health](#). The EOC brings together line ministries, UN agencies (UNICEF, WHO), and other partners such as the Red Cross, Solidarités International, International Rescue Committee (IRC), and Médecins Sans Frontières (MSF).

Once activated, the [six pillars of the validated Incident Action Plan](#) (IAP) guide the response. Rapid Response Teams at state and local government area (LGA) levels are deployed to conduct case investigations, community sensitization, and case management.

SUMMARY OF UNICEF CHOLERA RESPONSE

UNICEF has a long-standing partnership with the Government of Nigeria, particularly the [Federal Ministry of Health](#), in supporting cholera prevention and response efforts. This support spans across the [six key pillars of response](#): coordination, surveillance, risk communication, case management, water, sanitation and hygiene (WASH), infection prevention and control (IPC), and laboratory services.

In [2025](#), UNICEF is actively engaged across multiple states, supporting coordination mechanisms, pre-positioning contingency WASH and acute watery diarrhoea (AWD) supplies with partners, providing medical kits to treatment centres, and reinforcing community sensitization and behaviour change initiatives.

Together with WHO, UNICEF is supporting the Ministry of Health in the administration of [oral cholera vaccines \(OCV\)](#).

UNICEF has also launched a [multisectoral response](#) covering [health, WASH, and RCCE](#) across [eight field office states](#), reaching vulnerable populations with life-saving interventions.

Bayelsa State

Sector	Key Activities	Reach/Impact
Health	Coordinated OCV with WHO, NPHCDA; Deployed 3,000 ORS/zinc packs, 60 cholera beds	Vaccinated 46,000+ persons in hotspot LGAs
WASH	Partnered with RUWASSA; Dispatched 400 cholera kits,	Reached 15,000+ people with safe water and sanitation messaging

	20,000 aqua tabs, 15 drums of chlorine	
SBC/RCCE	Community assessment in 3 LGAs; Deployed 45 mobilizers for door-to-door messaging	Reached 40,210 people with cholera prevention messages
CAP	Media dialogue session; Radio jingles aired 5 times/day over 2 weeks	Reached >1 million listeners

Plateau State

Sector	Key Activities	Reach/Impact
Health	Delivered Ceftriaxone, Metronidazole, Zinc, ORS, Doxycycline, IV supplies	Estimated 35,000 people reached
WASH & IPC	Delivered purification tablets, chlorine drums, AWD kits, PPE	Estimated 45,000 people reached
OCV Preparedness	CG request completed for 287,168 OCV doses	Targeting Bokkos LGA population

Zamfara State

Sector	Key Activities	Reach/Impact
WASH	Activated WASH/IPC Pillar; Assessed 180 water sources; Daily trucking of 80,000L water	Reached 5,300+ people; 26,790 households with CATI activities
Health	Support to EOC coordination; Capacity building for 100+ officers; Emergency stock mobilization	Delivered essential drugs and technical support
SBC/RCCE	Radio programs and jingles; Trained VCMs, nutrition volunteers, chlorinators	Reached 384,000+ people via door-to-door and compound meetings

Sokoto State

Sector	Key Activities	Reach/Impact
WASH	Activated TWG with RUWASSA; Trained 80 chlorinators and hygiene promoters	Mobilized 566 cholera kits, 1,500 dignity kits, chlorine and aqua tabs
Health	Activated public health EOC; Capacity building for PHC workers	Procured drugs and consumables for case management
RCCE	Radio programs; Printed 5,000 flyers in Hausa; Mobilized community structures	Community sensitization in affected LGAs

Kebbi State

Sector	Key Activities	Reach/Impact
WASH	Activated TWG with RUWASSA; Prepositioned cholera kits, dignity kits, chlorine, aqua tabs	Prepared for cholera response
RCCE	Radio programs; Mobilized community structures	Community sensitization

Niger State

Sector	Key Activities	Reach/Impact
Advocacy & Coordination	Technical support to response pillars; Advocacy with Governor; Improved lab capacity	Emergency supplies delivered; Improved coordination
Laboratory	Procured incubator for Vibrio cholerae testing	Enhanced confirmatory testing

Health	• Provided cholera beds; Established Cholera Treatment Units (CTCs) and CTUs; Trained 60 health workers	• Health support in Minna, Zungeru, Kuta, Bida
WASH	• Reached 1,781 households; Triggered 70 communities; Water quality testing	• Identified VHPs for hygiene promotion
RCCE	• Reached 5,334 individuals; Sensitized 3,351 caregivers; Engaged 6,115 school stakeholders	• Distributed IEC materials; Radio jingles aired in 4 languages

CHALLENGES

- [Supply and Logistics](#): Operational costs and supply availability remain a challenge due to the lack of pre-positioned stocks in many states and LGAs.
- [Case Management](#): There is an urgent need to strengthen the capacity of health care workers to deliver quality treatment in Cholera Treatment Units (CTUs). Reports of irrational use of intravenous fluids, particularly fluid overload, have increased, highlighting the need for improved clinical protocols and supervision.
- [Health Facility Capacity](#): Health facilities in lakeshore-affected areas are poorly equipped to manage the surge in cases. Key challenges include inadequate WASH services and limited clinical capacity.
- [Surveillance](#): Community-level surveillance remains weak. Strengthening early detection and response mechanisms at the LGA level is critical to preventing further spread, especially in lakeshore areas with high mobility among fishing communities.
- [Death Audits](#): Few death audits have been conducted to identify causes and risk factors associated with cholera-related mortality. Strengthening this process is essential for improving case management and reducing preventable deaths.
- [Accountability to Affected Populations \(AAP\)](#): Community feedback has revealed gaps in service delivery, including gender disparities and limited access to treatment. These findings underscore the need for more inclusive and targeted approaches to improve health outcomes.

PLANNED NEXT STEPS

UNICEF will continue to [mobilize and advocate](#) for increased support from [development partners](#) and procure additional supplies.

Health

- Enhance communicable disease surveillance and response for cholera and other waterborne diseases
- Provide essential lifesaving supplies including drugs, hygiene materials, and medical equipment
- Deploy mobile and outreach health teams
- Strengthen community-based healthcare platforms
- Support health information and management systems
- Continue supporting vaccination
- Train health workers in cholera case management and infection prevention and control

➔ [Zamfara Vaccinates 964,000 Against Cholera As Outbreak Spreads](#)

WASH

- Ensure access to safe and treated drinking water in affected communities and treatment centres

- Rehabilitate or install emergency latrines and hand washing stations
- Distribute hygiene kits to households
- Conduct water quality monitoring and chlorination
- Promote key hygiene behaviors, including handwashing and safe water storage

Social and Behaviour Change / AAP/ RCCE

- Promote cholera prevention and care-seeking behaviors
- Disseminate health messages on hygiene and treatment-seeking
- Strengthen community feedback and rumor tracking mechanisms
- Involve community influencers in risk communication

➔ [Bokkos Fights Back: How a community is beating cholera together](#)

➔ [Fighting Cholera in Nigeria](#)

Protection / GBV

- Provide psychological first aid and psychosocial support through women's groups
- Identify and refer survivors of sexual and gender-based violence
- Assess and mitigate protection risks in health and WASH interventions

Monitoring and Coordination

- Support real-time monitoring of health, WASH, and community engagement activities
- Coordinate planning and response with relevant stakeholders
- Collect and analyze disaggregated data to inform targeting and prioritization

FUNDING REQUIREMENTS

Interventions	Budget (US\$)
Purchase, distribution of basic life-saving supplies	2,000,000
Access to safe water supply and household water treatment	2,000,000
Training of health, WASH staff, and community workers	500,000
Monitoring, documentation, and evaluation	500,000
SBC, Community engagement and accountability mechanisms, AAP	300,000
Field support and technical expertise	300,000
Access to sanitation and safe excreta disposal	2,000,000
Funding required	7,600,000

Note: Cost recovery not

PARTNERSHIPS AND COORDINATION

State Ministry of Health, State Primary Health Care Development Agency (SPHCDA), State Emergency Management Agency (SEMA), State Ministry of Water resources, State Ministry of Women Affairs, State Ministry of Education, National local NGOs.

Thank you for your support.

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