



NIGERIA CENTRE FOR DISEASE CONTROL

# Weekly Epidemiological Report

Main Highlight of the week

## INCREASING INTERVENTIONS FOR LASSA FEVER OUTBREAK RESPONSE



In Epi-week 9, the Lassa fever outbreak continued with a total number of 1121 suspected cases recorded from 18 affected states. Of this, 361 cases have been classified as: 353 confirmed cases, 8 probable cases with 86 deaths (78 in Lab confirmed and 8 in probable) recorded giving a case fatality rate (CFR) of 23.8%.

With the recent escalation of the current Lassa fever outbreak to Level 3, more resources have been dedicated to response activities with the goal of controlling the outbreak and ensuring that identified strategies are sustainable.

Edo, Ondo and Ebonyi states account for 85% of all confirmed cases. By implication, these are the high burden or hotspot states and the focus is to ensure that State-specific interventions are employed to control the outbreak. Some of these strategies that are being implemented include:

1. Deployment of Rapid Response Teams (RRTs) to the three high-burden states to provide technical support at the State and facility level in coordinating and implemented outlined strategies
2. Re-aligning with all partners to harness resources and ensure data-driven actions propel use of all available resources
3. Targeted distribution of required consumables to meet up with increasing demands for case management of confirmed cases
4. Deployment of additional healthcare workers to treatment facilities to boost workforce for management of cases
5. Rapid assessment of processes at treatment facilities and implementing interventions for gaps identified
6. Providing on-the-job training for healthcare workers to re-orient them on treatment guidelines and IPC measures
7. Targeted community infection prevention and control training in communities with high burden of cases with a view to reducing transmission of the disease amongst community members.
8. Enhanced surveillance activities which include active case search to promote quick case identification and subsequent management
9. Deployment of data management tools on the field to encourage real time reporting and data analysis/interpretation to inform prompt decision making.
10. Increased contact tracing activities for contacts of confirmed cases to break transmission of the disease in families and /or communities

11. Conducting risk communication activities in affected communities to assess practices that contribute to transmission of infection and providing information on how this can be addressed
12. High level advocacy to affected state governments to provide needed support in outbreak control

The National Lassa fever Emergency Operations Centre (EOC) will continue to coordinate implementation of all response activities. Updates on the outbreak and control efforts are provided on different print and electronic media platforms and on the NCDC social media platforms and website: [www.ncdc.gov.ng](http://www.ncdc.gov.ng)

## SUMMARY OF REPORTS

In the reporting week ending on February 25, 2018:

- There were 151 new cases of Acute Flaccid Paralysis (AFP) reported. None was confirmed as Polio. The last reported case of Polio in Nigeria was in August 2016. Active case search for AFP is being intensified as Nigeria has reinvigorated its efforts at eradicating Polio.
- 11 suspected cases of Cholera were reported from three LGAs in three States (Kaduna – 4, Kano – 4 & Oyo – 1). Of these, none was laboratory confirmed and one death was recorded.
- 44 suspected cases of Lassa fever were reported from 22 LGAs in 10 States (Edo – 6, Ekiti – 2, FCT- 2, Gombe – 1, Kogi – 2, Kwara - 2, Nasarawa – 2, Niger – 2, Ondo – 19, Plateau – 3 & Taraba - 5). 13 were laboratory confirmed and one death was recorded.
- There were 210-suspected cases of Cerebrospinal Meningitis (CSM) reported from 58 LGAs in 14 States (Bauchi – 1, Cross River – 1, Ebonyi – 1, FCT – 1, , Gombe - 5, Kaduna – 6, Kano – 2, Katsina - 46, Kebbi – 13, Niger – 11, Sokoto – 40, Taraba – 1, Yobe - 8 & Zamfara - 74). Of these, six were laboratory confirmed and 12 deaths were recorded. Ongoing surveillance for CSM has been intensified in all the 26 States in the Nigeria meningitis belt and case based surveillance commenced from 4<sup>th</sup> December, 2017
- There were 517- suspected cases of Measles reported from 36 States. None was laboratory confirmed and one death was recorded.

In the reporting week, all States sent in their report. This is a remarkable improvement! Timeliness of reporting decreased from 86% in previous week to 85% in the current week (week 7 & 8, 2018) while completeness also increases from 98%

to 100% at same period. It is very important for all States to ensure timely and complete reporting at all times, especially during an outbreak.

**Summary Table 1 (IDSR Weekly Report as at 25/02/2018)**

Disease	Variables	Week 7	Week 8	Cumulative Weeks	
		2018	2018	Week 1 - 8, 2018	Week 1 - 8, 2017
AFP	Cases	128	151	1240	2072
	Deaths	0	0	0	0
	CFR	0	0	0	0
CSM	Cases	128	210	689	397
	Deaths	10	12	38	51
	CFR	7.81%	5.71%	5.52%	12.85%
Cholera	Cases	3	11	198	38
	Deaths	0	1	14	4
	CFR	0.0%	9.1%	7.07%	10.53%
Guinea Worm	Cases	0	0	0	0
	Deaths	0	0	0	0
	CFR	0	0	0	0
Lassa Fever	Cases	55	44	564	152
	Deaths	8	1	46	23
	CFR	14.5%	2.27%	8.16%	15.22%
Measles	Cases	507	517	2983	3659
	Deaths	4	1	25	36
	CFR	0.79	0.19	0.84%	0.98%
Yellow Fever	Cases	54	62	369	118
	Deaths	0	0	0	0
	CFR	0	0	0	0
PHEIC	Cases	0	0	0	0
	Deaths	0	0	0	0
	CFR	0	0	0	0

## REPORT ANALYSIS AND INTERPRETATION

### **1. AFP**

- 1.1. As at February 18<sup>th</sup> 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 128 cases of AFP were reported from 109 LGAs in 29 States & FCT
  - 1.2.1. AFP Surveillance has been enhanced and outbreak response is on-going in Borno and other high risk States
  - 1.2.2. The 1<sup>st</sup> round of SIPDs in 2018 conducted from 20<sup>th</sup> – 23<sup>th</sup> January 2018 in the 14 high risk States using bOPV. The schedule for other SIAs is as described in Table 2

- 1.2.3 The 2<sup>nd</sup> round of SIPDs is scheduled for 3<sup>rd</sup> to 6<sup>th</sup> of March, 2018 in Borno, Yobe and Adamawa States
- 1.3. Six confirmed WPVs were isolated in 2014.
- 1.4. The SIAs were strengthened with the following events:
- 1.4.1. Immunisation for all vaccine-preventable diseases in some selected wards/LGAs.
- 1.4.2. Use of health camp facilities.
- 1.4.3. Field supportive supervision and monitoring.
- 1.4.4. Improved Enhanced Independent Monitoring (EIM) and Lots Quality Assessments (LQAs) in all Polio high risk States.
- 1.4.5. High level of accountability framework

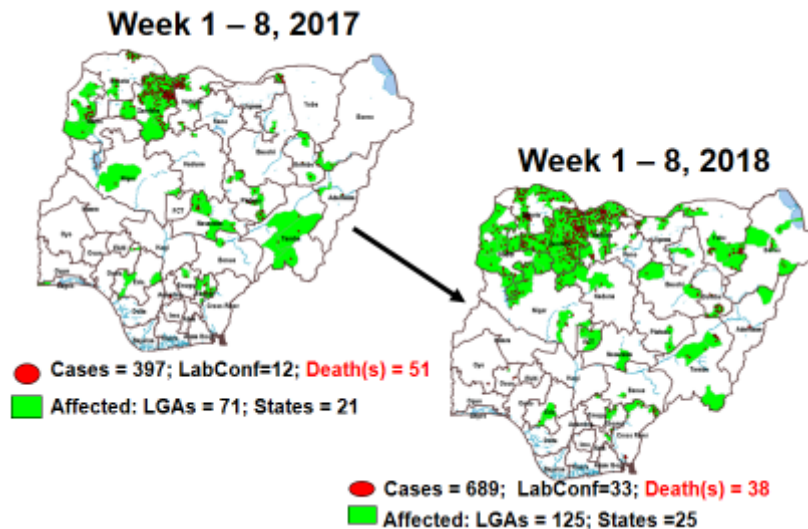
**Table 2: 2018 SIAs**

S/No	Month	Dates	Scope	Target Populations	% of the Total Target Population	Antigen
1	January	20 <sup>th</sup> – 23 <sup>rd</sup>	SIPDs (14 HR States)	24,494,012	49%	bOPV
2	February	1st-13th	Measles SIA (NCZ)			Measles
3	March	8th-20th	Measles SIA (South 17 States)			Measles
4	March	3rd-6th	SIPDs (Borno, Yobe & Adamawa )	3,741,704	7.6%	bOPV
5	April	5 <sup>th</sup> - 8 <sup>th</sup>	NIPDs (36+1 )	49,882,036	100%	bOPV
6	May	7 <sup>th</sup> – 10 <sup>th</sup>	sNIPDs (33+1 ) Excluding Borno, Yobe & Adamawa	46,140,332	92.4%	bOPV
7	October	13th – 16th	SIPDs (18 HR States)	31,715,796	63.50%	bOPV
8	December	13 <sup>th</sup> – 16 <sup>th</sup>	SIPDs (Borno + 7 HR States)	7,482,305	15%	bOPV

## 2. CEREBROSPINAL MENINGITIS (CSM)

- 2.1 In the reporting week , 210 suspected Cerebrospinal Meningitis (CSM) cases with six Lab. confirmed and 12 deaths (CFR, 5.71%) were reported from 58 LGAs (14 States; Bauchi – 1, Cross River – 1, Ebonyi – 1, FCT – 1, Gombe - 5, Kaduna – 6, Kano – 2, Katsina - 46, Kebbi – 13, Niger – 11, Sokoto – 40, Taraba – 1, Yobe - 8 & Zamfara - 74) compared with 89 suspected cases with two Lab. Confirmed cases and 14 deaths (CFR, 15. 73%) from 22 LGAs (ten States) at the same period in 2017 (Figure 2)
- 2.2 Between weeks 1 and 8 (2018), 689 suspected meningitis cases with 33 laboratory confirmed and 38 deaths (CFR, 5.52%) from 125 LGAs (25 States) were reported compared with 397 suspected cases and 51 deaths (CFR, 12.85%) from 71 LGAs (21 States) during the same period in 2017.

**Figure 2: Map of Nigeria showing areas affected by CSM, week 1 - 8, 2017 & 2018**



2.3 Timeliness/completeness of CSM case-reporting from States to the National Level (2018 versus 2017): on average, 88.0% of the 26 endemic States sent CSM reports in a timely manner while 94.2% were complete in week 1 - 8, 2018 as against 76.4% timeliness and 92.3% completeness recorded within the same period in 2017

2.4 The National CSM Emergency Operations Centre has been activated and is currently on response mode

2.5 Enhanced surveillance/ case based surveillance began 1<sup>st</sup> of December 2017

2.6 Rapid Response Team has been deployed to Niger State

2.7 The National CSM Guidelines have been finalised and available via  
[http://ncdc.gov.ng/themes/common/docs/protocols/51\\_1510449270.pdf](http://ncdc.gov.ng/themes/common/docs/protocols/51_1510449270.pdf)

2.8 State CSM Emergency Operations Centre has been activated in Zamfara, Katsina and Sokoto States respectively

2.9 Preventive vaccination conducted in Yobe State with Men Afrivac in two phases -7<sup>th</sup> to 11<sup>th</sup> and 14<sup>th</sup> to 18<sup>th</sup> February, 2018

2.10 Reactive vaccination using A, C W135 polysaccharide vaccine carried out in Katsina Central Prison

2.11 Monitoring of risk communication activities in all States especially high risk States

2.12 Surveillance Outbreak and Response Management Analysis System (SORMAS) tool deployed in Zamfara, Sokoto and Katsina states



### 3. CHOLERA

3.1 11 suspected cases of Cholera and one death (CFR, 9.09%) were reported from three LGAs (three States; Kaduna – 6, Kano – 4 & Oyo - 1 ) in week 8, 2018 compared with zero suspected case reported during the same period in 2017 (Figure 3).

3.2 Between weeks 1 and 8 (2018), 198 suspected Cholera cases with one laboratory confirmed and 14 deaths (CFR, 7.07%) from 27 LGAs (nine States) were reported compared with 38 suspected cases and four deaths (CFR, 10.53%) from seven LGAs (seven States) during the same period in 2017.

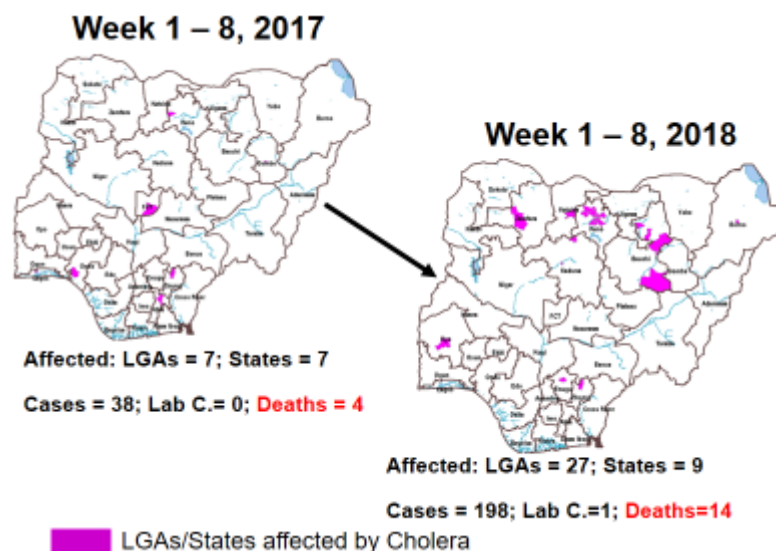
3.3 National Preparedness and Response to Acute Watery Diarrhoea/ Cholera Guidelines have been finalised:

[http://ncdc.gov.ng/themes/common/docs/protocols/45\\_1507196550.pdf](http://ncdc.gov.ng/themes/common/docs/protocols/45_1507196550.pdf)

3.4 Ongoing plans for nationwide Cholera campaign with Federal Ministry of Water Resources and partner agencies

3.5 Rapid Response Team deployed to respond to recent cluster of cases in Bauchi State

Figure 3: Status of LGAs/States that reported Cholera cases in week 1 - 8, 2017 & 2018



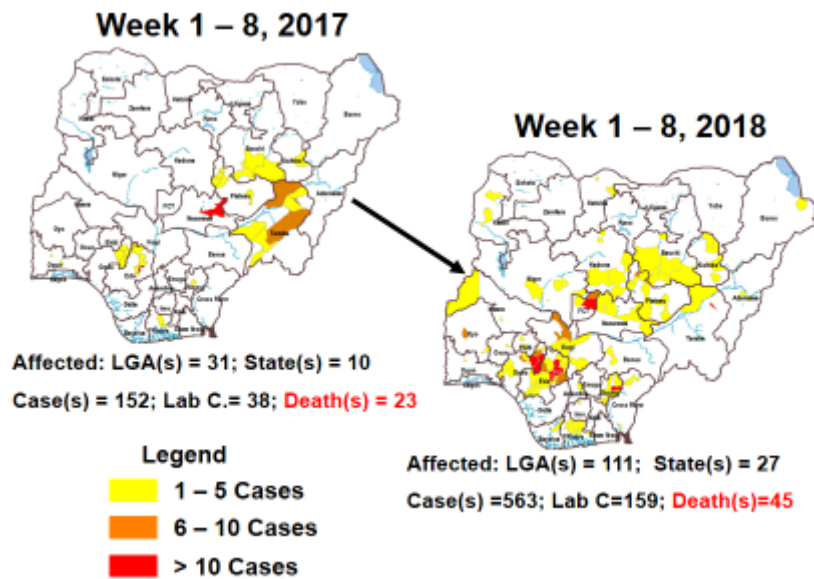
### 4 LASSA FEVER

Please note that the data reflects the routine reports i.e. all suspected cases including the laboratory positive and negative cases

- 4.1 44 suspected cases of Lassa fever with 13 Laboratory confirmed and one death (CFR, 2.27%) were reported from 22 LGAs (ten States: Edo – 6, Ekiti – 2, FCT- 2, Gombe – 1, Kogi – 2, Kwara - 2, Nasarawa – 2, Niger – 2, Ondo – 19, Plateau – 3 & Taraba - 5) in week 8, 2018 compared with six suspected cases reported from five LGAs (four States) at the same period in 2017
- 4.2 Laboratory results of the 44 suspected cases; 13 positive for Lassa fever (Edo – 6, Kogi – 1, Nasarawa – 1 & Ondo – 5), 21 were negative for Lassa fever & other VHFs (Ekiti – 2, FCT – 2, Gombe – 1, Kogi – 1, Nasarawa – 1, Niger – 2, Ondo – 14, Plateau – 3 & Taraba – 5)
- 4.3 Between weeks 1 and 8 (2018), 564 suspected Lassa fever cases with 159 laboratory confirmed cases and 46 deaths (CFR, 8.16%) from 111 LGAs (27 States) were reported compared with 152 suspected cases with 38 laboratory confirmed cases and 23 deaths (CFR, 15.22%) from 31 LGAs (10 States) during the same period in 2017 (Figure 4)
- 4.4 Investigation and active case search ongoing in affected States with coordination of response activities by the NCDC with support from partners
- 4.5 National Lassa Fever Working Group has been escalated to National Emergency Operations Centre on the 22<sup>nd</sup> January, 2018
- 4.6 Response materials for VHF provided to support States and health facilities
- 4.7 National VHF guidelines (National Viral Haemorrhagic Fevers Preparedness guidelines, Infection Prevention and Control of VHF and Standard Operating Procedures for Lassa fever management) are available on the NCDC website- <http://ncdc.gov.ng/diseases/guidelines>
- 4.8 NCDC provided Ribavirin and other necessary supportive management to States and their treatment centres
- 4.9 NCDC Rapid Response Teams currently in Ebonyi, Edo and Ondo States. Risk communications Team deployed to support response
- 4.10 High level advocacy and assessment visit by joint NCDC/WHO Team to Edo and Ondo States
- 4.11 Offsite support provided by NCDC/partners in all affected States
- 4.12 NCDC in collaboration with ALIMA is providing support to treatment centres in Ebonyi, Ondo and Edo States where most of the patients are managed
- 4.13 States are enjoined to intensify surveillance and promote Infection, Prevention and Control (IPC) measures in health facilities



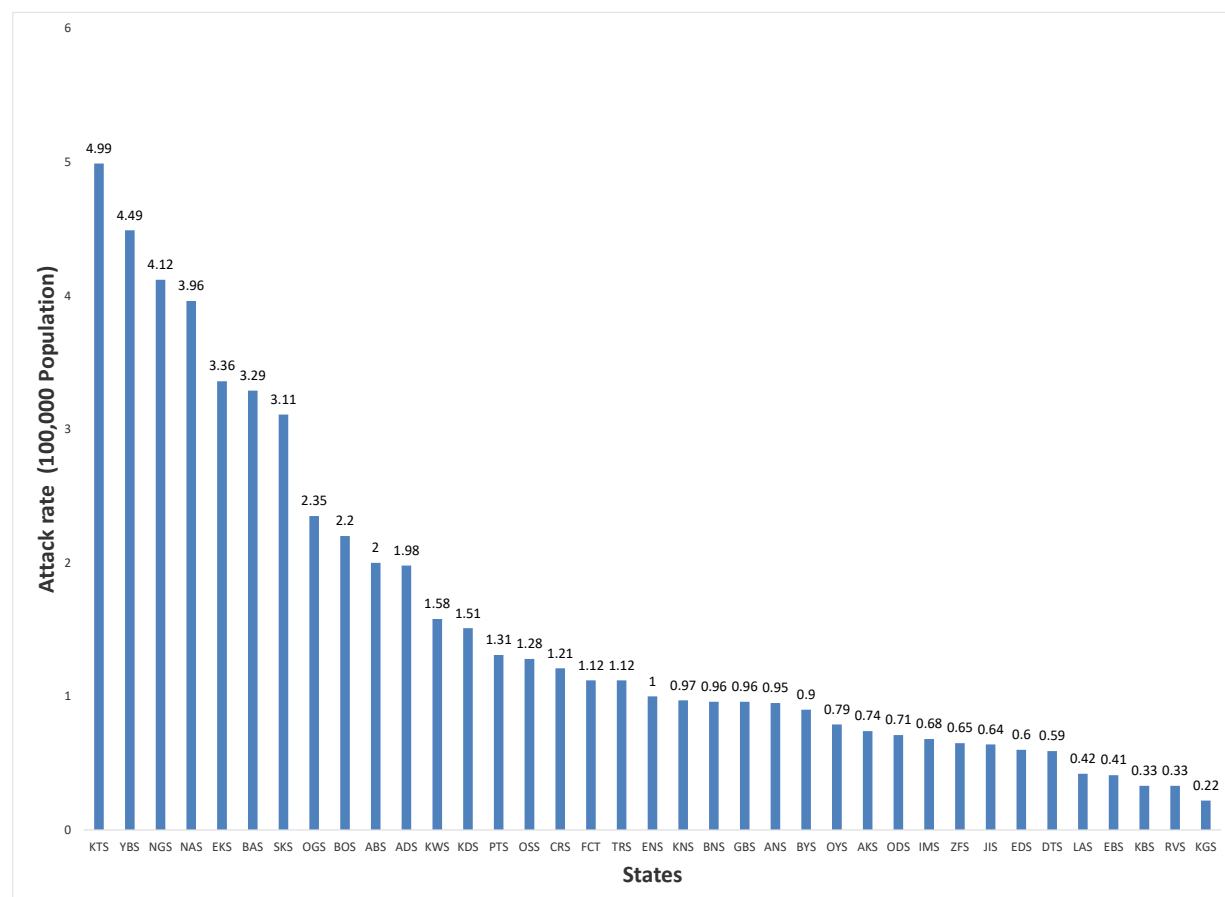
Figure 4: Map of Nigeria showing areas affected by Lassa fever, week 1 - 8, 2017 & 2018



## 5 MEASLES

- 5.1 In the reporting week, 517 suspected cases of Measles and one deaths (CFR, 0.19%) were reported from 36 States compared with 629 suspected cases with three Lab. Confirmed and 14 deaths (CFR, 2.23%) reported from 30 States during the same period in 2017
- 5.2 So far, 2983 suspected Measles cases and 25 deaths (CFR, 0.84%) were reported from 36 States and FCT compared with 3659 suspected cases with 40 laboratory confirmed and 36 deaths (CFR, 0.98%) from 36 States during the same period in 2017
- 5.3 Response measures include immunization for all vaccine-preventable diseases in some selected/affected wards/LGAs during SIAs, as well as case management
- 5.4 Proposed Measles mass campaign for Southern States schedule for March 8 – 20, 2018

Figure 5: Suspected Measles attack rate by States, week 1 - 8, 2018 as at 25<sup>th</sup> February, 2018



## 6 GUINEA WORM DISEASE

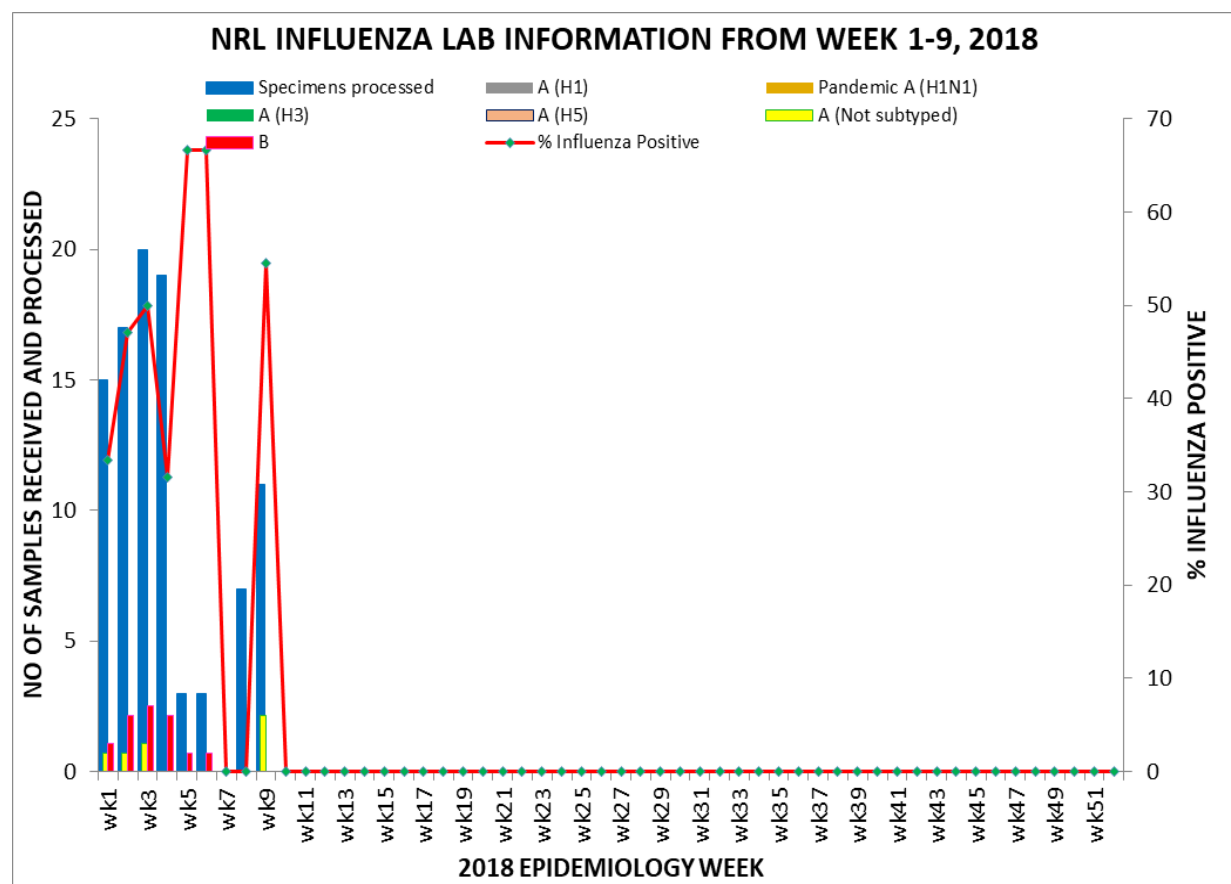
- 6.1 In the reporting week, no rumour report of Guinea Worm disease was received from any State.
- 6.2 Nigeria has celebrated eight consecutive years of zero reporting of Guinea worm disease in the country. The Country has been officially certified free of Dracunculiasis transmission by the International Commission for the Certification of Dracunculiasis Eradication (ICCDE).

(For further information, contact Nigeria Guinea Worm Eradication Program / Neglected Tropical Diseases Division, Public Health Department/Federal Ministry of Health)

## 7. Update on national Influenza sentinel surveillance, Nigeria week 1 - 9, 2018

- 7.1. From week 1- 9, 95-suspected cases were reported, of which 91 were Influenza like-illness (ILI), four Severe Acute Respiratory Infection (SARI).

- 7.2 95 samples were received and all the samples were processed. Of the processed samples, 93(97.9%) were ILI cases, two (2.1%) were Severe Acute Respiratory Infection (SARI).
- 7.4. Of the 95 processed ILI samples, 13 (13.7%) was positive for Influenza A; 26(27.4%) positive for Influenza B and 56(58.95%) were negative.
- 7.5. 39 (41.05%) of the processed 95 samples were positive for Influenza, with 13 (13.7%) of these positive for Influenza A and 26 (27.4%) positive for Influenza B.
- 7.6. The subtypes A seasonal H3, 2009A/H1N1 and A/not subtyped account for (0.0%), 0 (0.0%) and seven (100.0%) of the total influenza A positive samples respectively.
- 7.7. The percentage influenza positive was highest (66.7%) in week 5 & 6, 2018
- 7.8. In the reporting week 1 -9, no samples was left unprocessed



**Figure 6: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 9, 2018)**

#### FOR MORE INFORMATION CONTACT

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**Table 3: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 -8, 2018, as at 25<sup>th</sup> February, 2018**

*Last updated 2nd March, 2018*