

NIGERIA CENTRE FOR DISEASE CONTROL

# Weekly Epidemiological Report

Main Highlight of the week

## Lessons Learnt from the 2016/2017 CSM Outbreak



The severity of the ongoing Cerebro-spinal meningitis outbreak has gradually reduced in the last few weeks, with fewer cases being reported. As at 30<sup>th</sup> May, 2017, the number of affected LGAs still remains 230 in 25 affected states, including the Federal Capital Territory. Total number of suspected cases reported so far is 14,473. Of this, 998 samples have been tested. 460 (46.6%) of the samples tested have been confirmed positive for *Neisseria meningitidis* and 80.6% (371) have been positive for *Neisseria meningitidis* serogroup C. The total number of deaths recorded so far is 1,155 with a case fatality rate (CFR) of 8%.

As the outbreak declines gradually, it is important that every State, affected or not, reviews lessons from preparedness and response activities during the outbreak. Conducting reviews will provide insight into levels reached for preparedness, details of outbreak response, identify gaps and areas that need to be strengthened, identify areas of collaboration and support the evaluation of systems. Reports from this can be channelled into preparedness plans for the next outbreak season.

The 2016/2017 CSM outbreak season was peculiar, given the number of suspected cases reported and the strain of the causative organism, which had never been reported before. Furthermore, the outbreak was caused by multiple serogroups with about 20% of confirmed cases caused by other serogroups besides *Neisseria meningitidis* serogroup C. All these tested our preparedness levels and response systems at the Local, State and National Levels.

Lessons to be learnt from this outbreak cuts across all thematic areas in outbreak response.

1. Coordination: Development of Preparedness plans for disease outbreaks which should also be used as a tool for advocating for resource allocation. Constitution of Rapid Response Teams (RRTs); Early engagement of key stakeholders and partners with leadership from the State Government.
2. Surveillance: Improvement in the surveillance systems starting from the health facility level to the National for immediate case detection, notification and subsequent investigation; Improved data management systems at all levels; Improve bio surveillance activities for rumour capturing and verification; Capacity building for healthcare workers and disease surveillance and notification officers.
3. Case Management: Development or review of disease guidelines and protocols, Capacity building for case management team.
4. Laboratory: Improved turn-around-time for sample confirmation and result sharing; Capacity building on sample preservation and transportation, Improve stockpiling of testing commodities
5. Logistics; Early forecast of outbreak commodities, Mapping and Pre-positioning of commodities in States, LGAs or Wards based on data review of previous outbreaks
6. Risk Communication: Early community sensitization and mobilization in States and at the National level, Early engagement of the mass media for sensitization programs and extended use of diverse communication tools

Disease-specific outbreak reviews should be a routine activity following an outbreak as it provides guidance on improvement opportunities and next steps to take. The Nigeria Centre for Disease Control (NCDC) will continue to support and collaborate with States as they plan to prepare for subsequent seasons of CSM outbreaks, and indeed, other outbreaks and events of public health concern. It is expected that States take ownership of outbreak preparedness and ensure that all efforts put into preparedness translate to meaningful action for response.

In the reporting week:

- There were 250 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 assiduously reinvigorated its efforts at eradicating Polio.
- Two suspected cases of Cholera were reported from Kaduna South LGA in Kaduna State and no death was recorded.
- There were 49 suspected cases of Cerebrospinal Meningitis (CSM) reported from 23 LGAs in 13 States. Of these, seven were laboratory confirmed and two deaths were recorded. Ongoing surveillance for CSM has been intensified in the States.
- There were 386 suspected cases of Measles reported from 27 States. None was laboratory confirmed and four deaths were recorded.

In the reporting week, Adamawa, Akwa-Ibom, Cross River and Edo States failed to report. Timeliness of reporting remains 81% in both previous and current weeks while completeness also remains at 99% in both previous and current weeks. It is very important for all States to ensure timely and complete reporting at all times.

**Summary Table 1 (IDSR Weekly Report as at 02/06/2017)**

Disease	Variables	Week 20	Week 21		Cumulative Weeks	
		2017	2017	2016	01 - 21, 2017	01 - 21, 2016
AFP	Cases	250	250	331	6,359	5223
	Deaths	0	0	0	0	0
	CFR	0.00%	0.00%	0.00%	0.00%	0.00%
Polio	WPV Types 1 & 3	0	0	0	0	0
	WPV Types 1	0	0	0	0	0
	WPV Types 3	0	0	0	0	0
Cholera	Cases	3	2	2	85	218
	Deaths	0	0	0	4	1
	CFR	0.00%	0.00%	0.00%	4.71%	0.46%
Lassa Fever	Cases	4	1	24	263	716
	Deaths	2	0	1	48	87
	CFR	50.00%	0.00%	4.17%	18.25%	12.15%
CSM	Cases	128	49	5	9527	494
	Deaths	4	2	0	596	25
	CFR	3.13%	4.08%	0.00%	6.26%	5.06%
Measles	Cases	422	386	479	11,698	18420
	Deaths	6	4	2	74	77
	CFR	1.42%	1.04%	0.42%	0.63%	0.42%
Guinea Worm	Cases	0	0	0	0	0
	Deaths	0	0	0	0	0
	CFR	0.00%	0.00%	0.00%	0.00%	0.00%

**1. Lassa fever**

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

- 1.1. One suspected case of Lassa fever was reported from Abeokuta South LGAs (Ogun States) in week 21, 2017 compared with 24 suspected cases with one Lab. Confirmed and one death (CFR, 4.2%) from Esan Central LGA (Edo State) at the same period in 2016.
- 1.2. Laboratory results of the one suspected case was negative (Ogun – 1).
- 1.3. Between weeks 1 and 21 (2017), 263 suspected Lassa fever cases with 59 laboratory confirmed cases and 48 deaths (CFR, 18.25%) from 54 LGAs (20 States) were reported compared with 716 suspected cases with 71 laboratory confirmed cases and 87 deaths (CFR, 12.15%) from 125 LGAs (27 States) during the same period in 2016 (Figure 1).
- 1.4. Between weeks 1 and 52 2016, 921 suspected Lassa fever cases with 109 laboratory confirmed cases and 119 deaths (CFR, 12.92%) from 144 LGAs (28 States and FCT) were reported compared with 430 suspected cases with 25 laboratory confirmed cases and 40 deaths (CFR, 9.30%) from 37 LGAs (14 States and FCT) during the same period in 2015 (Figure 2).
- 1.5. Investigation and active case search ongoing in affected States with coordination of response activities by the NCDC with support from partners.
  - 1.5.1. National Lassa Fever Working Group meeting and weekly National Surveillance and Outbreak Response meeting on-going at NCDC to keep abreast of the current Lassa fever situation in the country.
  - 1.5.2. Response materials for VHFs prepositioned across the country by NCDC at the beginning of the dry season
  - 1.5.3. New VHF guidelines have been developed by the NCDC (Interim National Viral Haemorrhagic Fevers Preparedness guidelines and Standard Operating Procedures for Lassa fever management)
  - 1.5.4. Ongoing reclassification of reported Lassa fever cases
  - 1.5.5. Ongoing review of the variables for case-based surveillance for VHF
  - 1.5.6. VHF case-based forms completed by affected States are being entered into the new VHF management system. This system allows for the creation of a VHF database for the country.
  - 1.5.7. NCDC team sent to Edo State to support Lassa fever data harmonization & Updating of VHF case-based management database
  - 1.5.8. Confirmed cases are being treated at identified treatment/isolation centres across the States with Ribavirin and necessary supportive management also instituted
  - 1.5.9. Onsite support was earlier provided to Ogun, Nasarawa, Taraba, Ondo and Borno States by the NCDC and partners
  - 1.5.10. Offsite support provided by NCDC/partners in all affected States
  - 1.5.11. States are enjoined to intensify surveillance

Figure 1: Map of Nigeria showing areas affected by Lassa fever, week 1- 21, 2016 & 2017

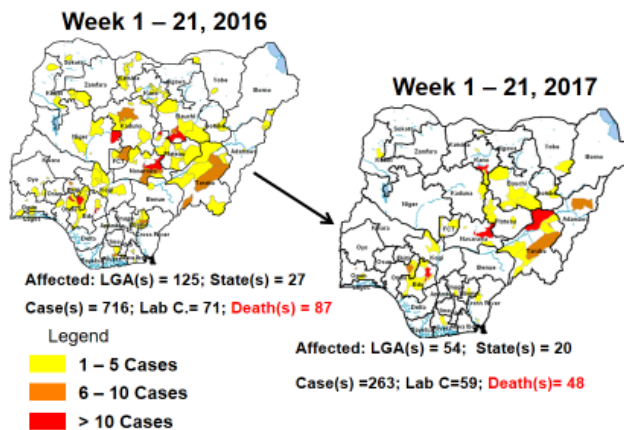
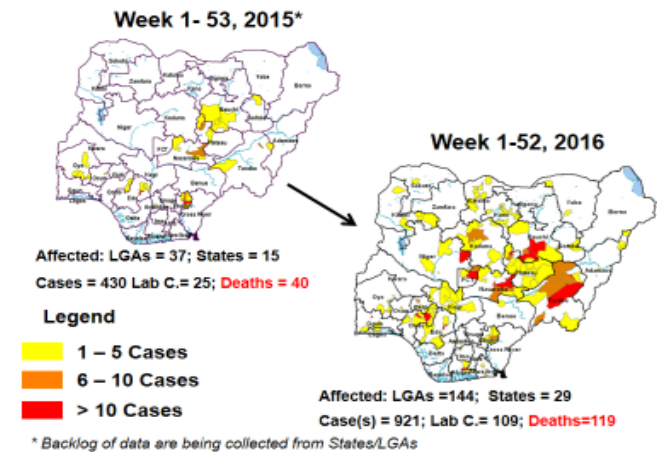


Figure 2: Map of Nigeria showing areas affected by Lassa fever, week 1 - 53, 2015 and week 1 – 52, 2016



## 2. MEASLES

- 2.1. In the reporting week, 386 suspected cases of Measles and four deaths (CFR, 1.04%) were reported from 27 States compared with 479 suspected measles cases and two deaths (CFR, 0.42%) from 29 States during the same period in 2016.
- 2.2. So far, 11,698 suspected Measles cases with 71 laboratory confirmed cases and 74 deaths (CFR, 0.63%) have been reported in 2017 from 36 States and FCT (Figure 4) compared with 18,429 suspected cases and 77 deaths (CFR, 0.42%) from 36 States and FCT during the same period in 2016.
- 2.3. In 2016 (week 1 -52), 25,251 suspected Measles cases with 102 deaths (CFR, 0.40%) were reported from 36 States and FCT compared with 24,421 suspected cases with 127 deaths (CFR, 0.52%) during the same period in 2015 (Figure 5)
- 2.4. Response measures include immunization for all vaccine-preventable diseases in some selected/affected wards/LGAs during SIAs, as well as case management.
- 2.5. Scheduled Measles campaigns in the North East were conducted from 12<sup>th</sup> – 17<sup>th</sup> January, 2017 in Adamawa, Borno and Yobe States (Phase I) and Phase II from 21<sup>st</sup> – 25<sup>th</sup> January, 2017 in Borno State and 4<sup>th</sup> – 8<sup>th</sup> February, 2017 in Yobe State



Figure 3: Suspected Measles attack rate by States, week 21, 2017 as at 2<sup>nd</sup> June, 2017

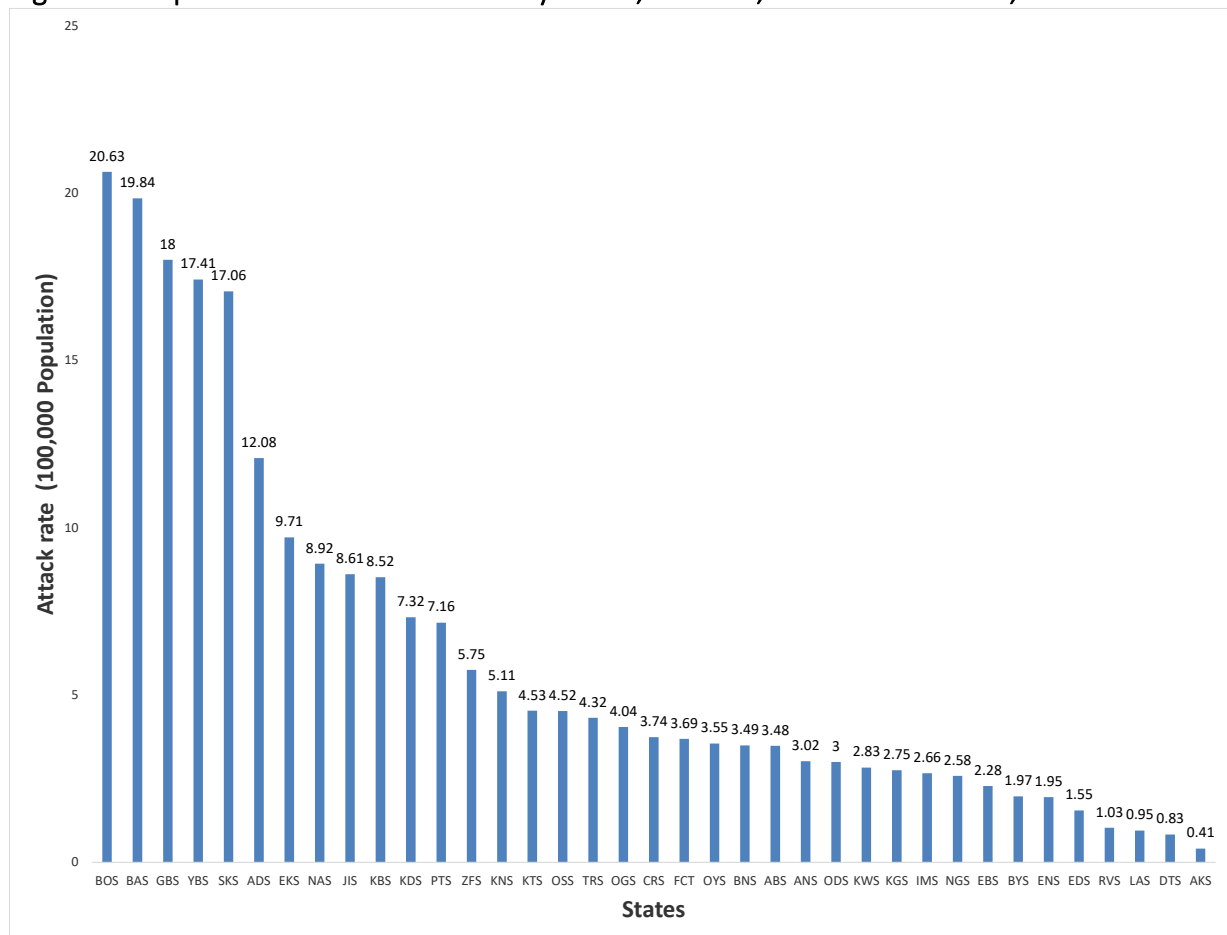


Figure 4: Map of Nigeria showing Distribution of suspected Measles cases, Weeks 1- 21, 2017as at 02/06/2017

Distribution of Suspected Measles Cases, Wks01-21 2017

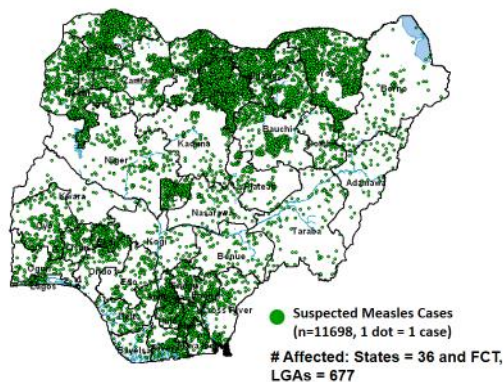
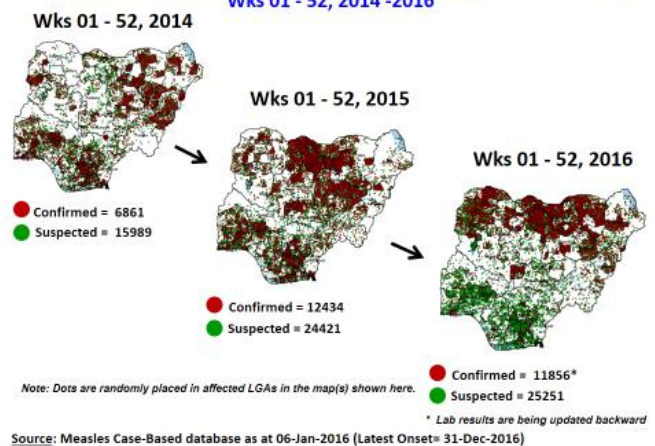


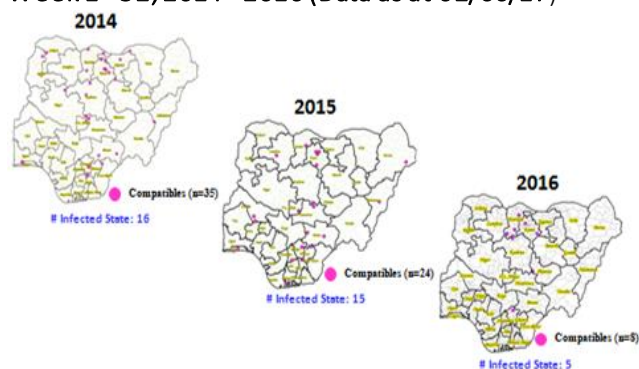
Figure 5: Suspected & confirmed (Lab + Epi Link + Clinical) Measles cases weeks 1 – 52, 2014 - 2016  
Suspected and Confirmed (Lab + Epi Link + Clinical) Measles Cases, Wks 01 - 52, 2014 - 2016



### 3. POLIOMYELITIS

- 3.1. As at May 26<sup>th</sup> 2017, no new case of WPV was recorded
- 3.2. Three new cVDPV2, environmental derived and Polio compatible cases identified
  - 3.2.1. In the reporting week, 250 cases of AFP were reported from 176 LGAs in 29 States and FCT
  - 3.2.2. AFP Surveillance has been enhanced and outbreak response is on-going in Borno and other high risk States
  - 3.2.3. The 1<sup>st</sup> round of SIPDs in 2017 was conducted from 28<sup>th</sup> – 31<sup>st</sup> January 2017 in the 18 high risk States. This was carried out using mOPV2 (2<sup>nd</sup> mOPV2 OBR). The schedule for other SIAs is as described in Table 2
  - 3.2.4. The 2<sup>nd</sup> round of SIPDs completed (25<sup>th</sup>-28<sup>th</sup> February, 2017) in 14 high risk States using bOPV.
  - 3.2.5. The 1<sup>st</sup> and 2<sup>nd</sup> rounds of NIPDs completed (from 25<sup>th</sup> – 28<sup>th</sup> March, 2017 and 22<sup>nd</sup> – 25<sup>th</sup> April, 2017) nationwide respectively.
  - 3.2.6. Between weeks 1 and 52 in 2016, four WPVs were isolated from Borno State compared to no WPV isolated during the same period in 2015.
- 3.3. No circulating Vaccine Derived Polio Virus type 2 (cVDPV2) was isolated in week 1 - 52, in both 2016 and 2015.
- 3.4. Between weeks 1 and 52, 2016 two (2) cVDPV2 were isolated in two LGAs (two States) while one (1) cVDPV2 was isolated from Kwali, FCT during the same period in 2015.
- 3.5. Six confirmed WPVs were isolated in 2014.
- 3.6. The SIAs were strengthened with the following events:
  - 3.6.1. Immunization for all vaccine-preventable diseases in some selected wards/LGAs.
  - 3.6.2. Use of health camp facilities.
  - 3.6.3. Field supportive supervision and monitoring.
  - 3.6.4. Improved Enhanced Independent Monitoring (EIM) and Lots Quality Assessments (LQAs) in all Polio high risk States.
  - 3.6.5. High level of accountability framework

**Figure 6: Polio Compatible cases in Nigeria as at Week 1 - 52, 2014 - 2016 (Data as at 02/06/17)**



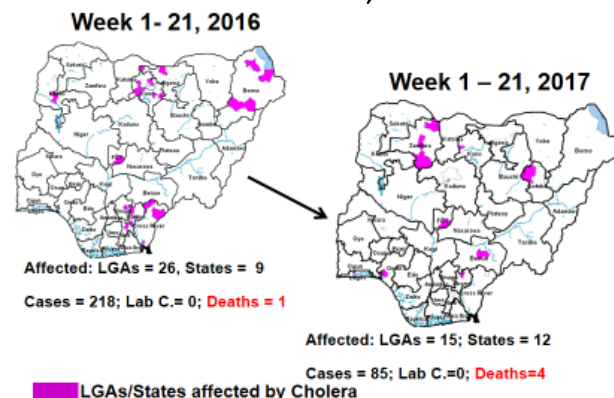
**Table 2: 2017 SIAs**

S/N	Month	Dates	Scope	Remarks	Target Populations	Antigen
1	January	28 <sup>th</sup> - 31 <sup>st</sup>	SIPDs (18 States)	2nd mOPV2 OBR in 18 states	33,478,035	mOPV2
2	February	25 <sup>th</sup> - 28 <sup>th</sup>	SIPDs (14 High Risk States)	List of high risk states reviewed using the HR Algorithm and local information on risk	26,256,251	bOPV
3	March	25 <sup>th</sup> - 28 <sup>th</sup>	NIPDs (36+1)	Nationwide	59,961,520	bOPV
4	April	22 <sup>nd</sup> - 25 <sup>th</sup>	NIPDs (36+1)	Nationwide	59,961,520	bOPV
5	July	1 <sup>st</sup> - 4 <sup>th</sup>	SIPDs (18 High Risk States)	High Risk States	33,478,035	bOPV
6	October	14 <sup>th</sup> - 17 <sup>th</sup>	SIPDs (18 High Risk States)	High Risk States	33,478,035	bOPV
7	December	9 <sup>th</sup> - 12 <sup>th</sup>	SIPDs (6 High Risk States)	High Risk States		bOPV

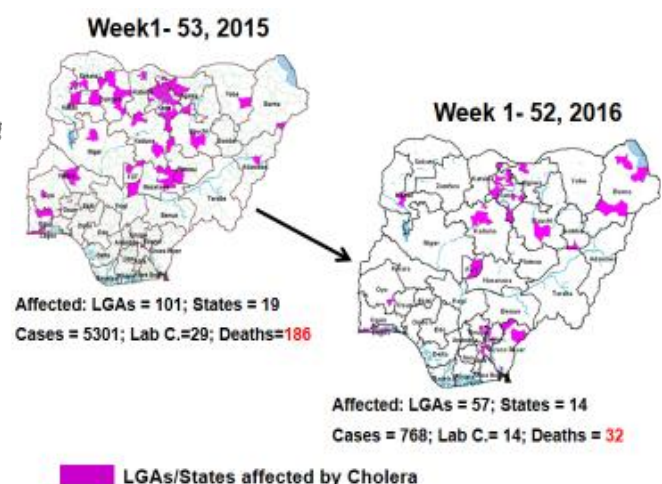
#### 4. CHOLERA

- 4.1. Two suspected cases of Cholera were reported from Kaduna South LGA (Kaduna State) in week 21 compared with two suspected cases from tow LGAs (Ebonyi State) at the same period in 2016.
- 4.2. Between weeks 1 and 21 (2017), 85 suspected Cholera cases and four deaths (CFR, 4.71%) from 15 LGAs (12 States) were reported compared with 218 suspected cases and one death (CFR, 0.46%) from 26 LGAs (nine States) during the same period in 2016 (Figure 7).
- 4.3. Between weeks 1 and 52 (2016), 768 suspected Cholera cases with 14 laboratory confirmed cases and 32 deaths (CFR, 4.17%) from 57 LGAs (14 States) were reported compared with 5,301 cases with 29 laboratory confirmed cases and 186 deaths (CFR, 3.51%) from 101 LGAs (18 States and FCT) during the same period in 2015 (Figure 8).
- 4.4. Cholera preparedness workshop held from 31<sup>st</sup> May – 1<sup>st</sup> June, 2017 in Abuja to develop Cholera preparedness plan as the season set in.
- 4.5. States are enjoined to intensify surveillance.

**Figure 7: Status of LGAs/States that reported Cholera cases in week 1- 21, 2016 & 2017**



**Figure 8: Status of LGAs/States that reported Cholera cases in week 1- 52, 2015 & 2016**



#### 5. CEREBROSPINAL MENINGITIS (CSM)

- 5.1. In the reporting week 21, 49 suspected Cerebrospinal Meningitis (CSM) cases with seven laboratory confirmed cases and two deaths (CFR, 4.08%) were reported from 23 LGAs (13 States) compared with five suspected cases from two LGAs (two States) at the same period in 2016.
- 5.2. Between weeks 1 and 21 (2017), 9527 suspected CSM cases with 106 laboratory confirmed cases and 598 deaths (CFR, 6.28%) were recorded from 291 LGAs (31 States) compared with 494 suspected cases and 25 deaths (CFR, 5.06%) from 117 LGAs (25 States) during the same period in 2016 (Figure 9).



- 5.3. Between weeks 1 and 52, 2016, 831 suspected CSM cases with 43 laboratory confirmed cases and 33 deaths (CFR, 3.97%) were recorded from 154 LGAs (30 States and FCT) compared with 2,711 suspected cases and 131 deaths (CFR, 4.83%) from 170 LGAs (28 States and FCT) during the same period in 2015 (Figure 10)

Figure 9: Map of Nigeria showing areas affected by CSM, Week 1 – 21, 2016 & 2017

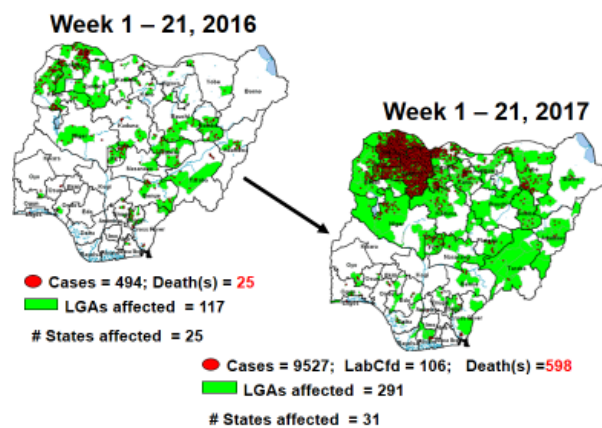
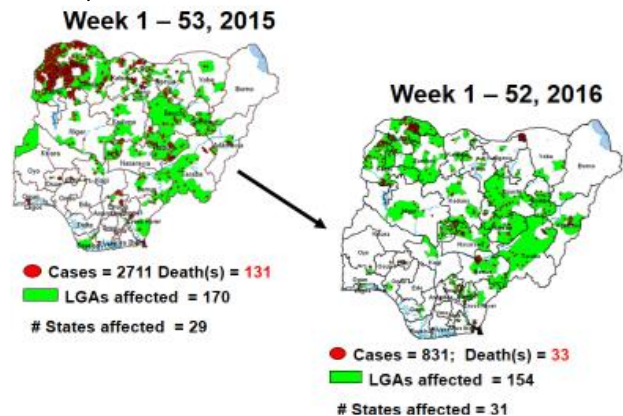


Figure 10: Nigeria: Dot maps of CSM cases, week 1 – 53, 2015 & 2016



- 5.4. Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 79.7% of the 26 endemic States sent CSM reports in a timely manner while 95.4% were complete in week 1 – 21, 2017 as against 82.2% timeliness and 98.4% completeness recorded within the same period in 2016
- 5.5. CSM preparedness checklist sent to 36 States and FCT ahead of 2017 meningitis season
- 5.6. Confirmed cases are being treated at identified treatment centres in affected States (Zamfara, Sokoto, Katsina, Kebbi, Niger, Kano, Yobe and Jigawa) and necessary supportive management also instituted
- 5.7. CSM National Emergency Operations Centre constituted at the Nigeria Centre for Disease Control
- 5.8. Onsite support was earlier provided to Zamfara, Sokoto, Katsina, Kebbi, Kano, Yobe and Niger States by NCDC and partners
- 5.9. Ongoing offsite support to States
- 5.10. Intensive Surveillance is on-going in high risk States.
- 5.11. Reactive vaccination completed in Zamfara State for people aged one to 29 years using polysaccharide meningococcal A & C vaccine.
- 5.12. Reactive vaccination completed in two wards (Gada and Kaffe) in Gada LGA in Sokoto State using polysaccharide meningococcal A & C vaccine for people aged two to 29 years.
- 5.13. Reactive vaccination completed in nine LGAs in Sokoto State using monosaccharide meningococcal conjugate C vaccine for aged one to 20 years.
- 5.14. Reactive vaccination campaign completed in Yobe State and the second phase of the campaign in Zamfara State also completed.
- 5.15. Training and deployment of first batch of medical teams to support case management in Sokoto and Zamfara States completed (from Friday 5<sup>th</sup> - 26<sup>th</sup> May, 2017).
- 5.16. Deployed mobile testing laboratory to Zamfara State to aid diagnosis

- 5.17. Team deployed by NCDC/WHO to support surveillance activities, laboratory data harmonization and monitoring of the implementation plan in Yobe state completed their assessment.

## **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 NIGEP NC/Director: Mrs. I, Anagbogu: +2348034085607, [ifechuba@yahoo.co.uk](mailto:ifechuba@yahoo.co.uk))

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Keys:																						Timely Reports	<5%	Poor	4 States			
T= Arrived on Time																							50-79%	Good	10 States			
L= Arrived late		N Report not received																					80-100%	Excellent	23 States			
N = No Report (Report not received)																												
State	GeoZones	W01	W02	W03	W04	W05	W06	W07	W08	W09	W10	W11	W12	W13	W14	W15	W16	W17	W18	W19	W20	W21	Expected (Es)	Timely Rpts (Ts)	Late Rpts (Ls)	Rpts Not Recvd (Ns)	% Timely	% Complete
1 Abia	SEZ	L	L	L	L	L	T	L	T	L	T	T	L	T	T	L	L	T	T	T	T	T	21	11	10	0	52%	100%
2 Adamawa	NEZ	L	L	L	L	L	L	T	L	T	T	T	T	T	L	L	T	L	T	N	N	N	21	8	10	3	38%	86%
3 Akwa Ibom	SSZ	T	L	T	T	T	T	L	T	T	T	L	L	L	T	T	T	T	T	T	T	N	21	15	5	1	71%	95%
4 Anambra	SEZ	T	T	T	T	L	T	T	T	T	T	L	L	T	T	T	T	T	T	T	T	L	21	17	4	0	81%	100%
5 Bauchi	NEZ	T	T	T	T	T	T	T	L	T	T	T	T	T	T	T	T	T	T	T	T	T	21	20	1	0	95%	100%
6 Bayelsa	SSZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	21	21	0	0	100%	100%
7 Benue	NCZ	T	T	T	T	T	T	L	T	T	T	T	T	T	L	L	T	L	T	T	T	L	21	16	5	0	76%	100%
8 Borno	NEZ	L	T	T	T	T	T	L	L	L	T	T	T	T	T	T	L	T	T	T	T	T	21	16	5	0	76%	100%
9 Cross River	SSZ	L	L	L	L	L	L	L	L	L	T	T	T	T	T	T	L	L	T	T	N	21	9	11	1	43%	95%	
10 Delta	SSZ	L	T	L	L	L	T	L	L	L	L	L	T	T	T	T	T	T	T	T	T	T	21	12	9	0	57%	100%
11 Ebonyi	SEZ	T	L	L	L	T	L	T	T	L	T	T	T	T	T	T	L	L	T	T	T	T	21	14	7	0	67%	100%
12 Edo	SSZ	L	L	L	L	T	L	T	T	T	T	T	L	T	L	T	L	L	T	T	N	N	21	10	9	2	48%	90%
13 Ekiti	SWZ	T	T	T	T	T	T	T	T	T	T	L	T	T	T	T	T	T	T	T	T	T	21	20	1	0	95%	100%
14 Enugu	SEZ	L	L	L	L	T	L	T	L	T	T	T	T	L	T	T	T	T	T	T	T	N	21	13	7	1	62%	95%
15 FCT	NCZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	21	21	0	0	100%	100%
16 Gombe	NEZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	L	T	T	T	T	21	20	1	0	95%	100%
17 Imo	SEZ	L	L	L	L	L	L	L	L	L	T	T	T	T	T	T	T	T	T	T	T	T	21	12	9	0	57%	100%
18 Jigawa	NWZ	T	T	T	L	L	L	L	L	T	T	T	T	T	T	T	T	T	T	T	L	T	21	15	6	0	71%	100%
19 Kaduna	NWZ	T	T	T	T	L	T	L	T	T	T	L	T	T	T	T	T	T	T	T	T	T	21	18	3	0	86%	100%
20 Kano	NWZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	21	21	0	0	100%	100%
21 Kaisina	NWZ	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	T	L	T	T	21	20	1	0	95%	100%
22 Kebbi	NWZ	T	T	T	T	L	L	T	T	T	T	T	T	L	T	T	T	T	T	T	T	T	21	18	3	0	86%	100%
23 Kogi	NC																											

**Table 4: Updates on Epidemics, Week 1- 21 (22<sup>nd</sup> – 28<sup>th</sup> May, 2017) as at 2<sup>nd</sup> June, 2017)**

S/N	Date	State/Region	AFP			CSM			Cholera			Measles			Lassa Fever			Guinea worm Disease			HPAI			Other Disease Events			Remarks
			New		Combined Data (Wk 1-21)	New		Combined Data (Wk 1-21)	New		Combined Data (Wk 1-21)	New		Combined Data (Wk 1-21)	New		Combined Data (Wk 1-21)	New		Combined Data (Wk 1-21)	New		Combined Data (Wk 1-21)	New		Combined Data (Wk 1-21)	
			Cases	Lab Conf	Deaths	Cases	Lab Conf	Deaths	Cases	Lab Conf	Deaths	Cases	Lab Conf	Deaths	Cases	Lab Conf	Deaths	Cases	Lab Conf	Deaths	Cases	Lab Conf	Deaths	Cases	Lab Conf	Deaths	
1	Adia	3384/18	7	3	67				1			6		132										1			
2	Alibon	426/30			96									524			6		2	332				2		1	300
3	Alibon	5436/34			67									23									2				
4	Alibon	5522/18	7		106							7		171													
5	Beau	5533/15	7		266							66		104			9		3	333							
6	Beau	2297/19	6		79							4		46										6			
7	Beau	5373/11	4		103				2			1		204										1			
8	Bono	5793/37	6		148							17		137													
9	Cassidy	3344/39			103									148			6							46		2	45
10	Dara	5365/79	4		51							5		48													
11	Eny	2094/73	3		57				9		444			88			4		1	250				9			
12	Eny	4003/32			64									67			9		939								
13	Eny	3235/45			101									124													
14	Eny	4077/33			27									88			1		1000								
15	Eny	3493/32	9		148				5					138			2										
16	Eny	3225/32	7		165							20		559			15		1	167				6			
17	Eny	5339/70	9		191									148													
18	Eny	5377/28	12		444							6		519			1										
19	Eny	3632/32	3		249									175													
20	Eny	12303/19	30		593				14					3			20		2	10	434			400			
21	Eny	3794/40	6		291									355										550		21	
22	Eny	4394/37	26		483									385			1		1000								
23	Eny	4463/12	3		96									125			2		1	500							
24	Eny	3165/55	7		48									30													
25	Eny	12337/14	4		60				5					121													
26	Eny	2394/38	2		129									230			20		6	2	714			48			
27	Eny	5338/12	4		112									147													
28	Eny	5338/19	7		183									255													
29	Eny	4824/48	4		116				7					140			10		6	2	1339						
30	Eny	4891/38	13		161									294													
31	Eny	3218/11	7		103									287													
32	Eny	4481/16	9		146									305			7		5	743							
33	Eny	7241/13	11		81									77			6										
34	Eny	4894/39	11		162									373													
35	Eny	3105/13	12		163									135			37		12	9	432			1		2	385
36	Eny	3274/33	13		229									530			1		1000								
37	Eny	4461/15	2		77									265													
38	Eny	18481/14	20		639									1688			25		5	40	1025			29		2	14
			Total		18481/14	20		639	2		1688	25		1688	29		5	40		1025	29		2	14	14		15

Please note that the reporting status on this table is from NHA State office

Source: Nigeria Centre for Disease Control (NCDC)

Status of Report: Final / Date: 14th June 2017