



NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

STRENGTHENING COORDINATION DURING OUTBREAK RESPONSE



The Lassa fever outbreak continued in Epi-week 7 with 913 suspected cases reported from across 17 states. Of this, 272 cases have been confirmed positive and 54 deaths recorded giving a case fatality rate (CFR) of 21%.

Since the onset of the outbreak, response activities have been carried out in all affected states and coordinated nationally by the Nigeria Centre for Disease Control (NCDC). The most critical aspect of an outbreak response is coordination of all activities. For effective coordination during an outbreak, it is important that all key stakeholders are identified and proposed activities are outlined. This provides a basis for better planning resource mobilization and expenditure during the course of the outbreak.

The Emergency Operations Centre (EOC) serves as the command centre for all activities during an outbreak. The various pillars of the EOC form the foundation on which the EOC functions. In this current outbreak, the National Lassa fever EOC operates on six major pillars: Coordination, Surveillance/Epidemiology, Case management/Infection Prevention and Control/Safe Burial, Risk Communication, Logistics and supplies and Laboratory. Response activities revolve around these pillars. The members of the EOC are drawn from various Ministries including the Ministries of Agriculture and Environment, as well as partner agencies.

As the outbreak continues with more states reporting confirmed cases, the NCDC encourages all states to set up state level EOC for proper and better management of response activities. NCDC Rapid Response Teams in Ebonyi, Ondo and Edo have supported the establishment of State level EOCs and is willing to provide technical guidance to all States.

SUMMARY OF REPORTS

In the reporting week ending on February 11, 2018:

- There were 154 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.
- 12 suspected cases of Cholera were reported from five LGAs in three States (Kaduna – 5, Kano - 5 & Katsina – 2). Of these, none was laboratory confirmed and no death was recorded.
- 87 suspected cases of Lassa fever were reported from 35 LGAs in 12 States (Bauchi – 4, Ebonyi – 20, Edo – 16, FCT- 2, Gombe – 3, Kaduna – 3, Kebbi – 1, Kogi - 4, Ondo – 23, Oyo – 1, Plateau – 3 & Taraba - 7). 31 were laboratory confirmed and six deaths were recorded.

- There were 87-suspected cases of Cerebrospinal Meningitis (CSM) reported from 41 LGAs in 16 States (Adamawa – 2, Bauchi – 2, Borno – 5, Ebonyi – 1, FCT – 2, Gombe - 4, Jigawa – 1, Kaduna – 1, Katsina - 18, Kebbi – 5, Nasarawa – 1, Oyo – 1, Sokoto – 4, Taraba – 2, Yobe - 5 & Zamfara - 33). Of these, none was laboratory confirmed and three 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 4th December, 2017
- There were 434- suspected cases of Measles reported from 35 States. None was laboratory confirmed and four deaths were recorded.

In the reporting week, all States sent in their report **except Cross River State**. Timeliness of reporting decreases from 92% in previous week to 90% in the current week (week 5 & 6, 2018) while completeness remained 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 11/02/2018)

Disease	Variables	Week 5	Week 6	Cumulative Weeks	
		2018	2018	Week 1 - 6, 2018	Week 1 - 6, 2017
AFP	Cases	141	154	956	1444
	Deaths	0	0	0	0
	CFR	0	0	0	0
CSM	Cases	51	87	347	245
	Deaths	1	3	15	32
	CFR	1.96%	3.45%	4.32%	13.06%
Cholera	Cases	15	12	184	37
	Deaths	2	0	13	4
	CFR	13.33%	0.0%	7.07%	10.81%
Guinea Worm	Cases	0	0	0	0
	Deaths	0	0	0	0
	CFR	0	0	0	0
Lassa Fever	Cases	168	87	458	138
	Deaths	7	6	36	21
	CFR	4.17%	6.9%	7.86%	15.22%
Measles	Cases	460	434	1943	2548
	Deaths	13	4	20	22
	CFR	2.83	0.92	1.03%	0.86%
Yellow Fever	Cases	65	48	252	79
	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 11th 2018, no new case of WPV was recorded
- 1.2. In the reporting week, 154 cases of AFP were reported from 131 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 1st round of SIPDs in 2018 conducted from 20th – 23th January 2018 in the 14 high risk States using bOPV. The schedule for other SIAs is as described in Table 2
- 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 th – 23 rd	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 th - 8 th	NIPDs (36+1)	49,882,036	100%	bOPV
6	May	7 th – 10 th	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 th – 16 th	SIPDs (Borno + 7 HR States)	7,482,305	15%	bOPV

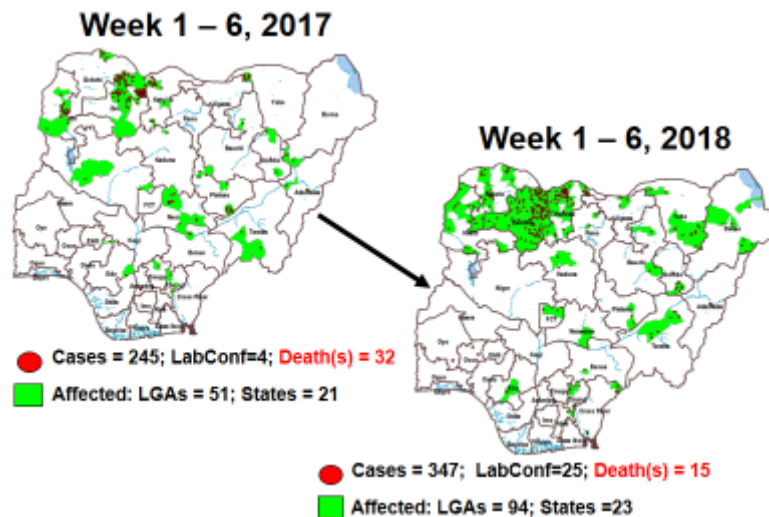
2. CEREBROSPINAL MENINGITIS (CSM)

- 2.1 In the reporting week 6, 87 suspected Cerebrospinal Meningitis (CSM) cases and three deaths (CFR, 3.45%) were reported from 41 LGAs (16 States; Adamawa – 2, Bauchi – 2, Borno – 5, Ebonyi – 1, FCT – 2, Gombe - 4, Jigawa – 1, Kaduna – 1, Katsina - 18, Kebbi – 5, Nasarawa – 1, Oyo – 1, Sokoto – 4, Taraba – 2, Yobe - 5 & Zamfara - 33) compared

with 71 suspected cases with two Lab. Confirmed cases and ten deaths (CFR, 14.09%) from 18 LGAs (11 States) at the same period in 2017 (Figure 2)

- 2.2 Between weeks 1 and 6 (2018), 347 suspected meningitis cases with 25 laboratory confirmed and 15 deaths (CFR, 4.32%) from 94 LGAs (23 States) were reported compared with 245 suspected cases and 32 deaths (CFR, 13.06%) from 51 LGAs (21 States) during the same period in 2017.

Figure 2: Map of Nigeria showing areas affected by CSM, week 1 - 6, 2017 & 2018



- 2.3 Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 88.5% of the 26 endemic States sent CSM reports in a timely manner while 88.5% were complete in week 1 - 6, 2018 as against 76.9% timeliness and 84.6% 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 1st of December 2017

- 2.6 Rapid Response Teams currently deployed to support response in Zamfara and Katsina States

- 2.7 The National CSM Guidelines have been finalised and available via 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

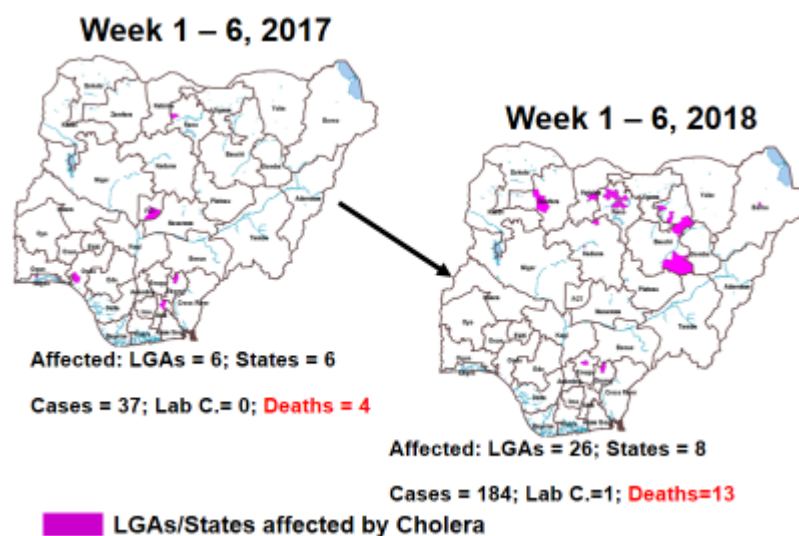
- 2.9 Preventive vaccination conducted in Yobe State with Men Afrivac in two phases -7th to 11th and 14th to 18th February, 2018

- 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 12 suspected cases of Cholera were reported from five LGAs (three States: Kaduna – 5, Kano - 5 & Katsina– 2) in week 6, 2018 compared with zero suspected cases reported during the same period in 2017 (Figure 3).
- 3.2 Between weeks 1 and 6 (2018), 184 suspected Cholera cases with one laboratory confirmed and 13 deaths (CFR, 7.07%) from 26 LGAs (eight States) were reported compared with 37 suspected cases and four deaths (CFR, 10.81%) from six LGAs (six 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
- 3.4 States are enjoined to intensify surveillance, implement WASH activities and ensure early reporting

Figure 3: Status of LGAs/States that reported Cholera cases in week 1 - 6, 2017 & 2018



4 LASSA FEVER

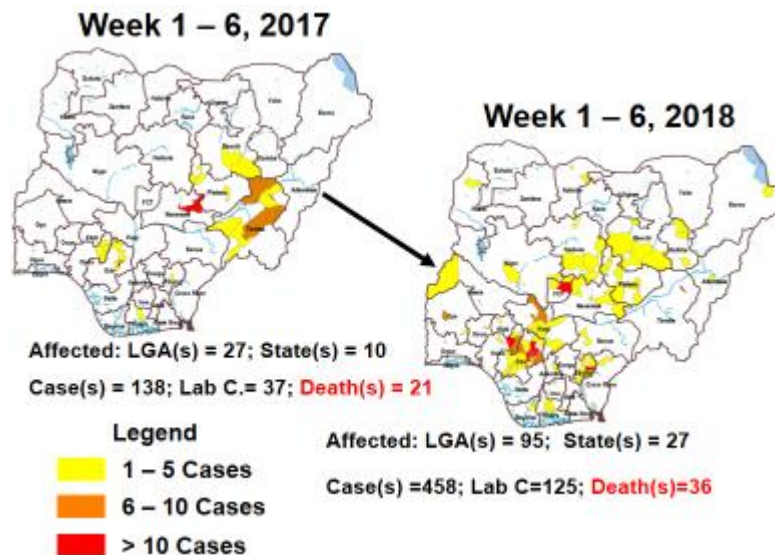
Please note that the data reflects the routine reports i.e. all suspected cases including the laboratory positive and negative cases

- 4.1 87 suspected cases of Lassa fever with 31 Laboratory confirmed and six deaths (CFR, 6.9%) were reported from 35 LGAs (12 States: Bauchi – 4, Ebonyi – 20, Edo – 16, FCT- 2, Gombe – 3, Kaduna – 3, Kebbi – 1, Kogi - 4, Ondo – 23, Oyo – 1, Plateau – 3 & Taraba - 7) in week 6, 2018 compared with eight suspected cases with six Lab. Confirmed and two deaths (CFR, 25.0%) reported from six LGAs (four States) at the same period in 2017
- 4.2 Laboratory results of the 87 suspected cases; 31 positive for Lassa fever (Bauchi – 2, Ebonyi – 9, Kogi – 4, Ondo – 15 & Plateau - 1), 56 were negative for Lassa fever & other VHF's (Bauchi – 2, Ebonyi – 11, , Edo – 16, FCT – 2, Gombe – 3, Kaduna – 3, Kogi – 2, Ondo – 8, Oyo – 1, Plateau – 2 & Taraba – 7)
- 4.3 Between weeks 1 and 6 (2018), 458 suspected Lassa fever cases with 125 laboratory confirmed cases and 36 deaths (CFR, 7.86%) from 95 LGAs (27 States) were reported compared with 138 suspected cases with 37 laboratory confirmed cases and 21 deaths (CFR, 15.22%) from 27 LGAs (ten 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 22nd 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 Team currently in Ebonyi, Edo and Ondo States by the NCDC and partners
- 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 - 5, 2017 & 2018

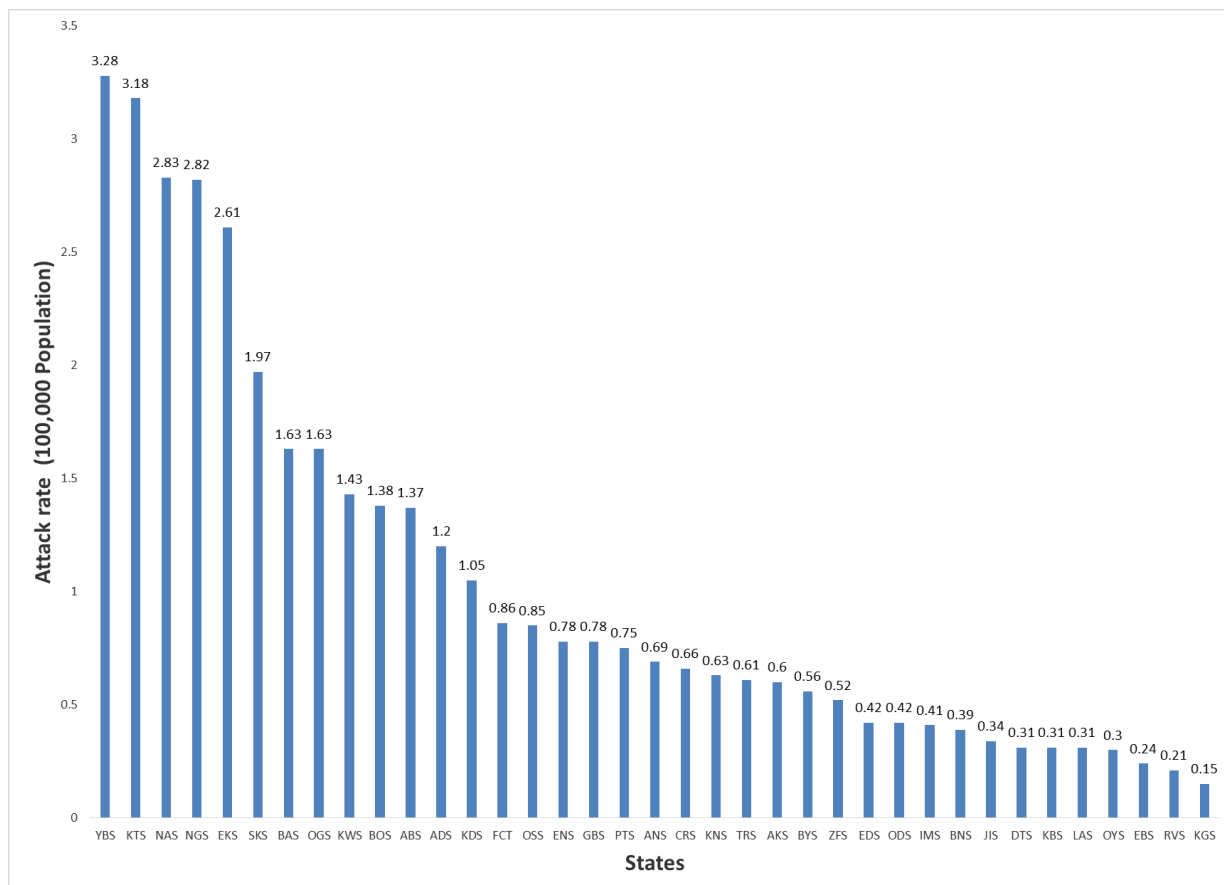


5 MEASLES

- 5.1 In the reporting week, 434 suspected cases of Measles and four deaths (CFR, 0.9%) were reported from 35 States compared with 492 suspected cases reported from 31 States during the same period in 2017
- 5.2 So far, 1943 suspected Measles cases and 20 deaths (CFR, 1.03%) were reported from 36 States and FCT compared with 2548 suspected cases with 35 laboratory confirmed and 22 deaths (CFR, 0.86%) 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 Measles mass campaign for North Central States ongoing from February 8 - 20, 2018
- 5.5 Proposed Measles mass campaign for Southern States schedule for March 8 – 20, 2018

- 5.6 Measles mass campaign conducted in seven North West and North East States from 9th – 14th November 2017 and 30th November – 5th December 2017 respectively.

Figure 3: Suspected Measles attack rate by States, week 1 - 6, 2018 as at 11th 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 - 52, 2017

- 7.1. From week 1-52, 162-suspected cases were reported, of which 154 were Influenza like-illness (ILI), eight Severe Acute Respiratory Infection (SARI).

- 7.2 162 samples were received of which 125 were processed. Of the processed samples, 117(93.6%) were ILI cases, eight (6.4%) were Severe Acute Respiratory Infection (SARI).
- 7.4. Of the 125 processed ILI samples, 1(0.8%) was positive for Influenza A; six(4.8%) positive for Influenza B and 118(94.4%) were negative.
- 7.5. Of the eight processed SARI samples, none was positive for Influenza A and Influenza B.
- 7.6. Seven (6.14%) of the processed 125 samples were positive for Influenza, with one (16.7%) of these positive for Influenza A and six (83.3%) positive for Influenza B.
- 7.7. The subtypes A seasonal H3, 2009A/H1N1 and A/not subtyped account for (100%), 0 (0.0%) and 0 (0.0%) of the total influenza A positive samples respectively.
- 7.8. The percentage influenza positive was highest (100.0%) in week 52, 2017
- 7.9. In the reporting week 52, 37 samples were left unprocessed

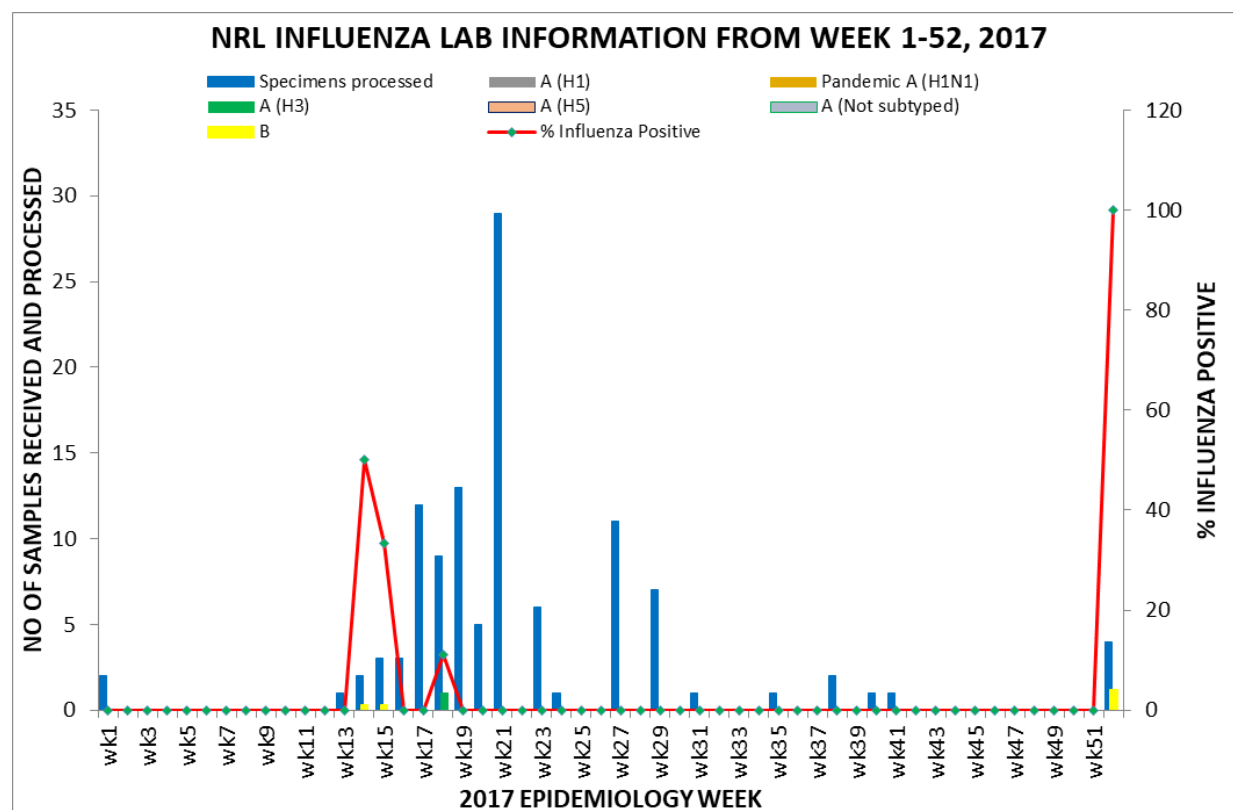


Figure 19: Number of Influenza Positive Specimens and Percent Positive by Epidemiological Week (Week 1- 52, 2017)

FOR MORE INFORMATION CONTACT

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Table 3: Status of Reporting by the State Epidemiologists, Nigeria, Weeks 1 -6, 2018, as at 11th February, 2018

Last updated 15th February, 2018