

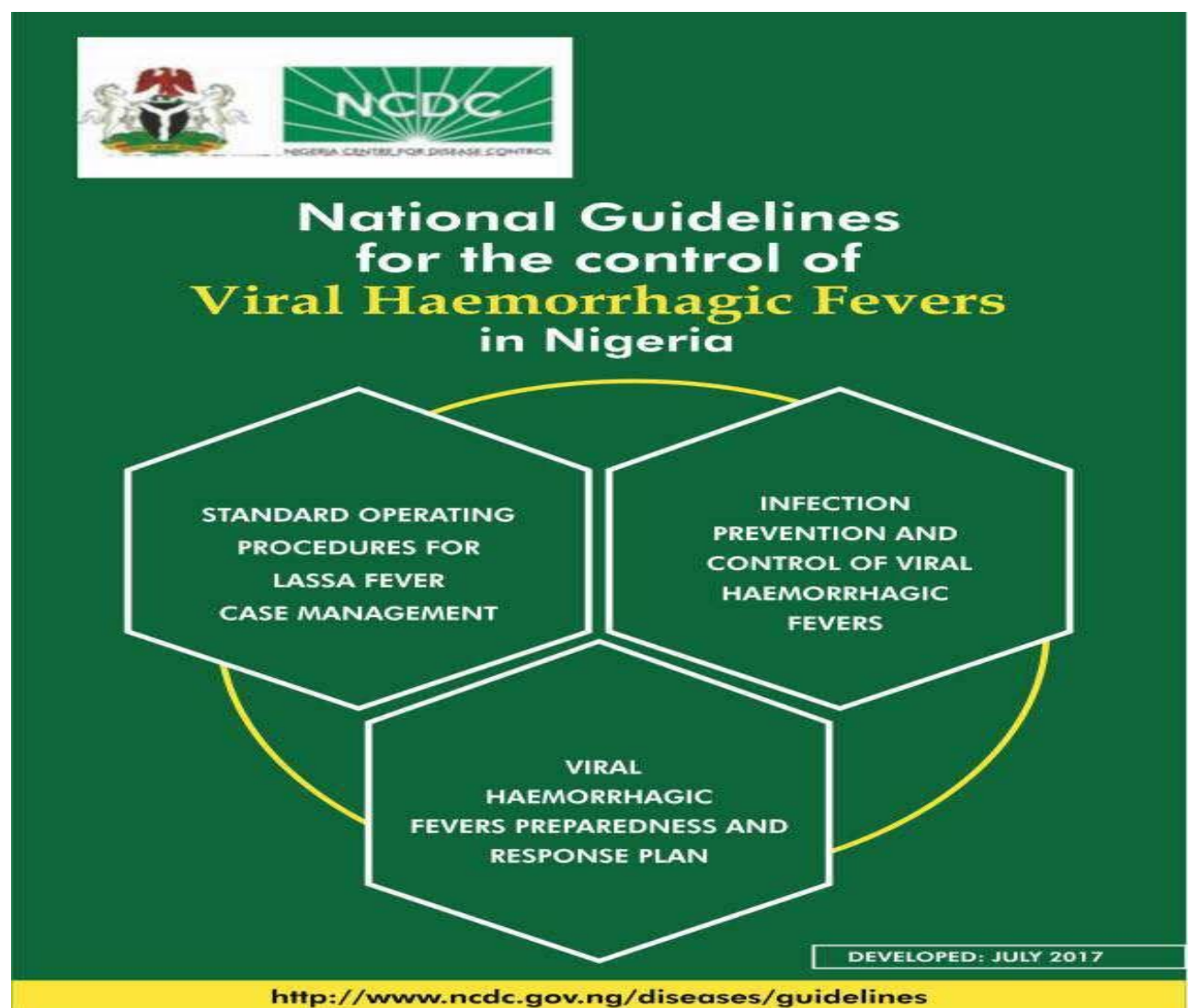


NIGERIA CENTRE FOR DISEASE CONTROL

Weekly Epidemiological Report

Main Highlight of the week

NCDC produces three new Guidelines for the control of Viral Haemorrhagic Fevers in Nigeria



Disease guidelines provide a country with a harmonised method of preventing, detecting and responding to diseases of public health importance. They are also essential in providing recommendations to various role players on interventions that can prevent disease or improve health.

In the last one year, officials at the Nigeria Centre for Disease Control in collaboration with partners from Ministries of Agriculture and Environment, Non-Governmental Organisations, Hospitals, Laboratories and the academia, have developed new important guidelines to guide the management of some diseases including Viral Haemorrhagic Fevers (VHF).

In the wake of the recent cases of Lassa fever in States across the country, this editorial focuses on three vital guidelines for the control of VHF in Nigeria-

- Viral Haemorrhagic Fevers Preparedness and Response Plan
- National Guidelines on Infection Prevention and Control for Viral Haemorrhagic Fevers
- SOPs for Lassa Fever Case Management of Viral Haemorrhagic Fevers

The **Viral Haemorrhagic Fevers Preparedness and Response Plan** has been developed to ensure the clarity of activities required for prevention, rapid detection, investigation, verification, and response to VHF cases and outbreaks. The implementation of this plan will minimise associated health consequences and the negative socio-economic impact of VHFs. The plan has been developed to be applied across the Federal, State and Local Government level covering several areas including surveillance and epidemiology, laboratory diagnosis, case management, risk communication etc. It covers the period before outbreaks and during outbreaks.

The **National Guidelines on Infection Prevention and Control for Viral Haemorrhagic Fevers** simply provides steps on preventing human to human transmission of Lassa fever, especially in clinical settings. The plan contains protocols on safe transportation of infected patients, disinfection, waste disposal of equipment used by or for an infected patient, safe burial and other related matters to prevent the transmission of the Lassa fever virus from an infected person to health workers, family members, care givers and other members of the community.

The **Standard Operating Procedures (SOPs) for Lassa Fever Case Management** describes standard measures for the management of patients with Lassa fever including protocol for case identification and detection, treatment, discharge procedures of a recovered patient and safe burial practices for a patient who dies from Lassa fever.

These Guidelines have been developed with the aim of co-ordinating the response to VHF outbreaks across the country, and strengthening the system across different spheres to prevent, detect and respond to these diseases. They should be used by States and other institutions to ensure Nigeria's health security. The guidelines are available on the NCDC website (<http://ncdc.gov.ng/diseases/guidelines>) and plans are underway to distribute hard copies of these documents across the country.

States and hospitals are encouraged to apply these guidelines, especially in the management of the current Lassa fever outbreak and preparedness for subsequent outbreaks.

In the reporting week ending on the 30th of July, 2017:

- There were 357 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 Ilorin East LGA in Kwara State with no laboratory confirmed case and no recorded deaths.
- There were 17 suspected cases of Cerebrospinal Meningitis (CSM) reported from ten LGAs in eight States. Of these, none was laboratory confirmed and no death was recorded. Ongoing surveillance for CSM has been intensified in the States.
- There were 449 suspected cases of Measles reported from 33 States. None was laboratory confirmed and one death was recorded.

In the reporting week, Lagos State failed to send in any report. Timeliness of reporting increases from 82% to 83% in the previous and current weeks (Week 29 and 30) while completeness also remains at 100%. 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 04/08/2017)

Disease	Variables	Week 29	Week 30		Cumulative Weeks	
		2017	2017	2016	01 - 30, 2017	01 - 30, 2016
AFP	Cases	393	357	281	9,573	7839
	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	81	2	0	918	331
	Deaths	3	0	0	23	4
	CFR	3.70%	0.00%	0.00%	2.51%	1.21%
Lassa Fever	Cases	5	12	14	366	760
	Deaths	0	0	0	56	87
	CFR	0.00%	0.00%	0.00%	15.30%	11.45%
CSM	Cases	12	17	14	9740	560
	Deaths	0	0	0	602	29
	CFR	0.00%	0.00%	0.00%	6.18%	5.18%
Measles	Cases	281	449	168	15,607	20964
	Deaths	0	1	0	89	84
	CFR	0.00%	0.22%	0.00%	0.57%	0.40%
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. 12 suspected cases of Lassa fever were reported from four LGAs (three States; Edo – 10, Nasarawa – 1 & Plateau - 1) in week 30, 2017 compared with 14 suspected cases with two Laboratory confirmed cases reported from three LGAs (three States) at the same period in 2016.
- 1.2. Laboratory results of the 12 suspected cases are two positives for Lassa fever (Edo -2) while eight were negative for Lassa fever and other VHF (Edo – 8) while two pending (Nasarawa – 1 & Plateau – 1).
- 1.3. Between weeks 1 and 30 (2017), 366 suspected Lassa fever cases with 88 laboratory confirmed cases and 56 deaths (CFR, 15.30%) from 68 LGAs (22 States) were reported compared with 760 suspected cases with 74 laboratory confirmed cases and 87 deaths (CFR, 11.45%) from 128 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 (National Viral Haemorrhagic Fevers Preparedness guidelines, Infection Prevention and Control of VHF and Standard Operating Procedures for Lassa fever management) and are available on the NCDC website.
 - 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. NCDC and partners are providing onsite support in Ondo and Plateau State
 - 1.5.12. States are enjoined to intensify surveillance and promote Infection, Prevention and Control (IPC) measures in health facilities.

Figure 1: Map of Nigeria showing areas affected by Lassa fever, week 1- 30, 2016 & 2017

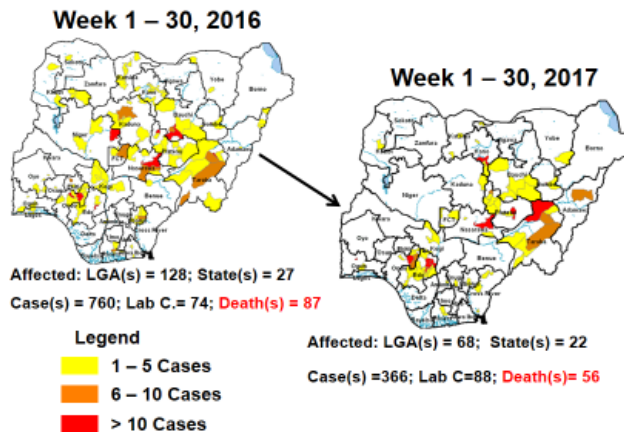
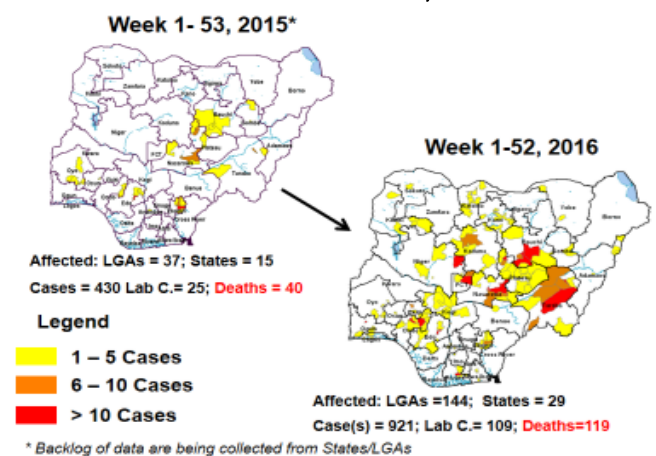


Figure 2: Map of Nigeria showing areas affected by Lassa fever, week 1 - 53, 2015 and week 1 – 52, 2016



2. MEASLES

- 2.1. In the reporting week, 449 suspected cases of Measles and one death (CFR, 0.22%) were reported from 33 States compared with 168 suspected measles cases reported from 27 States during the same period in 2016.
- 2.2. So far, 15,607 suspected Measles cases with 108 laboratory confirmed cases and 89 deaths (CFR, 0.57%) have been reported in 2017 from 36 States and FCT (Figure 4) compared with 20,964 suspected cases and 84 deaths (CFR, 0.40%) 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 12th – 17th January, 2017 in Adamawa, Borno and Yobe States (Phase I) and Phase II from 21st – 25th January, 2017 in Borno State and 4th – 8th February, 2017 in Yobe State
- 2.6. Measles Surveillance Evaluation and Establishment of the burden of Congenital Rubella Syndrome (CRS) in 12 selected States in the six geopolitical zones from the 17th -21st July 2017 conducted
- 2.7. Harmonization of measles surveillance data with laboratory confirmed cases

Figure 3: Suspected Measles attack rate by States, week 30, 2017 as at 4th August, 2017

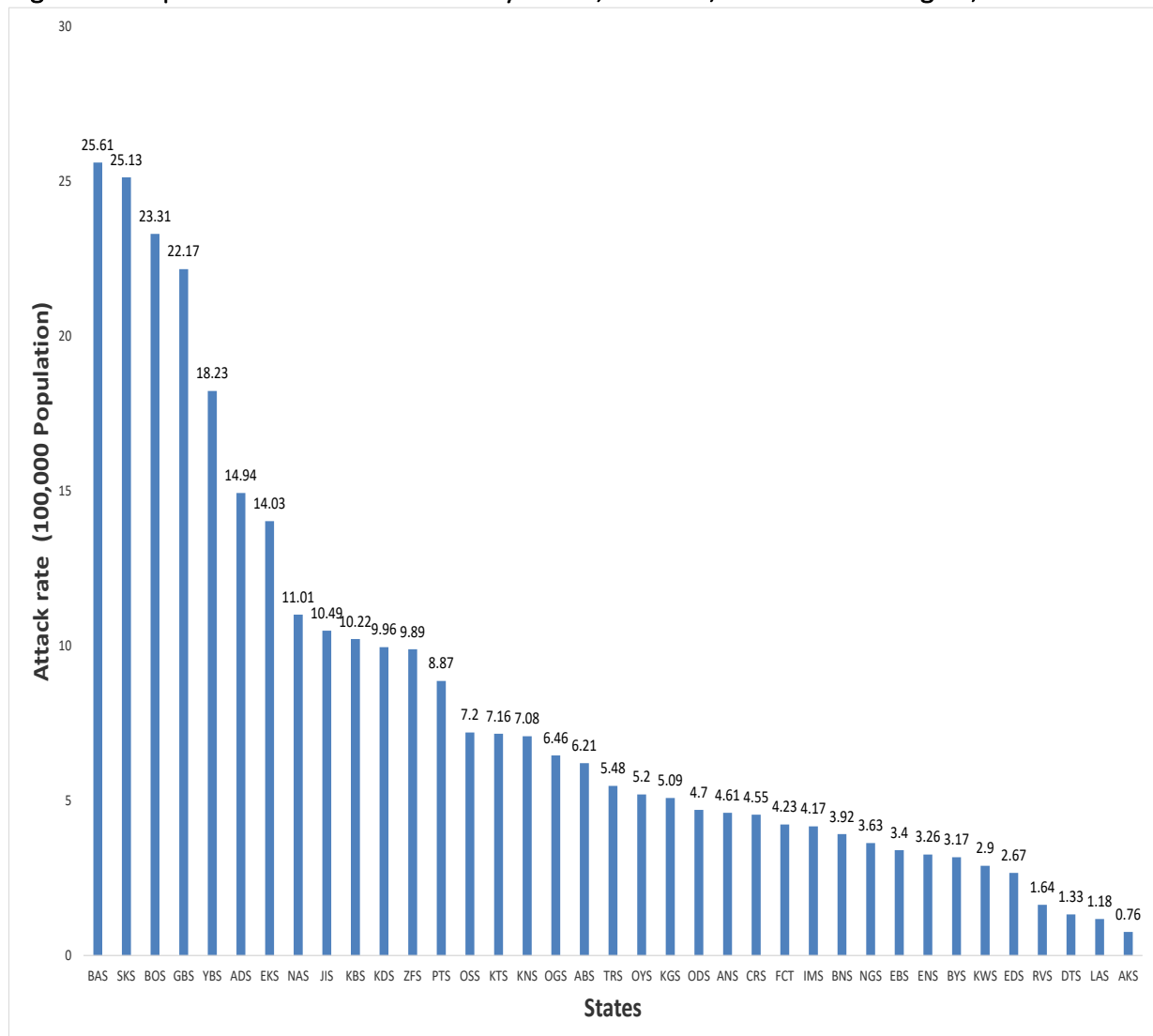


Figure 4: Map of Nigeria showing Distribution of suspected Measles cases, Weeks 1- 30, 2017as at 04/08/2017

Distribution of Suspected Measles Cases, Wks01-30 2017

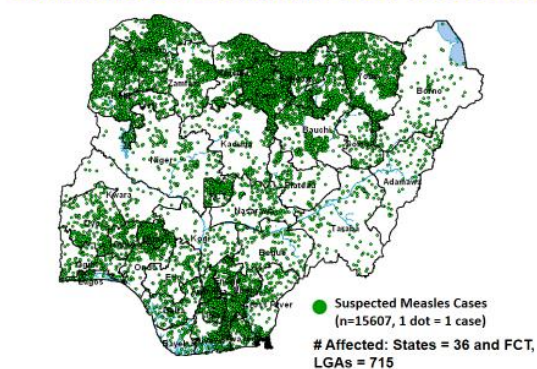
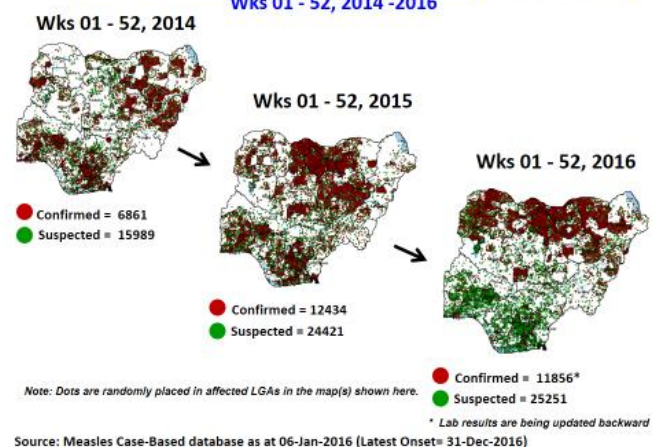


Figure 5: Suspected & confirmed (Lab + Epi Link + Clinical) Measles cases weeks 1 – 52, 2014 - 2016

Suspected and Confirmed (Lab + Epi Link + Clinical) Measles Cases, Wks 01 - 52, 2014 -2016



3. POLIOMYELITIS

- 3.1. As at July 23rd 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, 357 cases of AFP were reported from 271 LGAs in 34 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 1st round of SIPDs in 2017 was conducted from 28th – 31st January 2017 in the 18 high risk States. This was carried out using mOPV2 (2nd mOPV2 OBR). The schedule for other SIAs is as described in Table 2
 - 3.2.4. The 2nd and 3rd round of SIPDs completed (25th-28th February and 8th – 11th July, 2017) in 14 & 18 high risk States using bOPV respectively.
 - 3.2.5. The 1st and 2nd rounds of NIPDs completed (from 25th – 28th March, 2017 and 22nd – 25th 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 23/07/17)

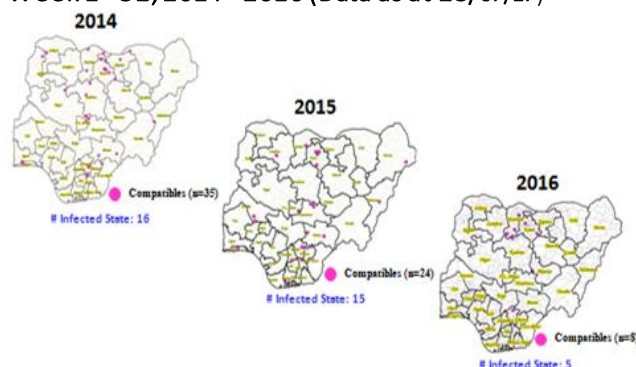


Table 2: 2017 SIAs

S/N	Month	Dates	Scope	Remarks	Target Populations	Antigen
1	January	28 th - 31 st	SIPDs (18 States)	2nd mOPV2 OBR in 18 states	33,478,035	mOPV2
2	February	25 th - 28 th	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 th - 28 th	NIPDs (36+1)	Nationwide	59,961,520	bOPV
4	April	22 nd - 25 th	NIPDs (36+1)	Nationwide	59,961,520	bOPV
5	July	8 th - 11 th	SIPDs (18 High Risk States)	High Risk States	33,478,035	bOPV
6	October	14 th - 17 th	SIPDs (18 High Risk States)	High Risk States	33,478,035	bOPV
7	December	9 th - 12 th	SIPDs (6 High Risk States)	High Risk States		bOPV

4. CHOLERA

- 4.1. Two suspected cases of Cholera cases were reported from Ilorin East LGA (Kwara State) in week 30 compared with zero case at the same period in 2016.
- 4.2. Between weeks 1 and 30 (2017), 918 suspected Cholera cases with 19 laboratory confirmed and 23 deaths (CFR, 2.51%) from 33 LGAs (13 States) were reported compared with 331 suspected cases and four deaths (CFR, 1.21%) from 30 LGAs (ten 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 31st May – 1st June, 2017 in Abuja to develop Cholera preparedness plan as the season set in.
- 4.5. NCDC/partners provided onsite support in Kwara State.
- 4.6. NCDC/partners are providing onsite support in Zamfara State.
- 4.7. Cholera Preparedness Checklist sent to all States to assess their level of preparedness with recommendations for prevention of and response to an outbreak.
- 4.8. States are enjoined to intensify surveillance, implement WASH activities and ensure early reporting.

Figure 7: Status of LGAs/States that reported Cholera cases in week 1- 30, 2016 & 2017

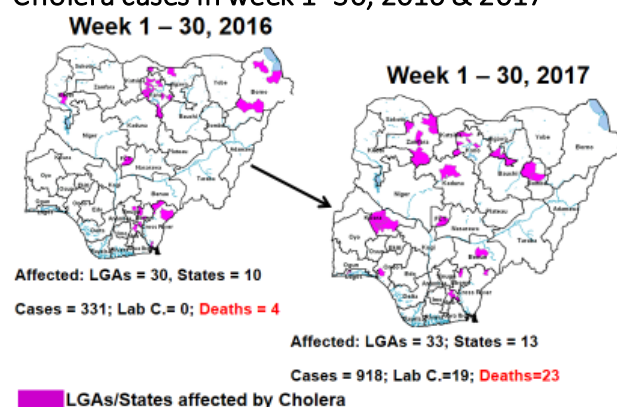
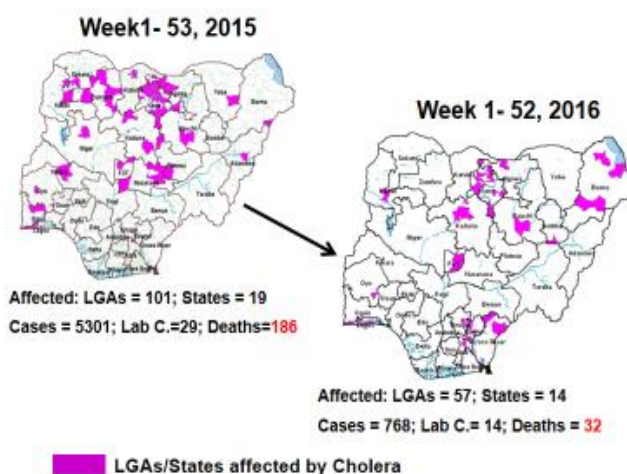


Figure 8: Status of LGAs/States that reported Cholera cases in week 1- 52, 2015 & 2016



5. CEREBROSPINAL MENINGITIS (CSM)

- 5.1. In the reporting week 30, 17 suspected Cerebrospinal Meningitis (CSM) cases were reported from ten LGAs (eight States) compared with 14 suspected cases from eight LGAs (seven States) at the same period in 2016.
- 5.2. Between weeks 1 and 30 (2017), 9740 suspected CSM cases with 108 laboratory confirmed cases and 602 deaths (CFR, 6.18%) were recorded from 303 LGAs (32 States) compared with 560 suspected cases and 29 deaths (CFR, 5.18%) from 130 LGAs (27 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 - 30, 2016 & 2017

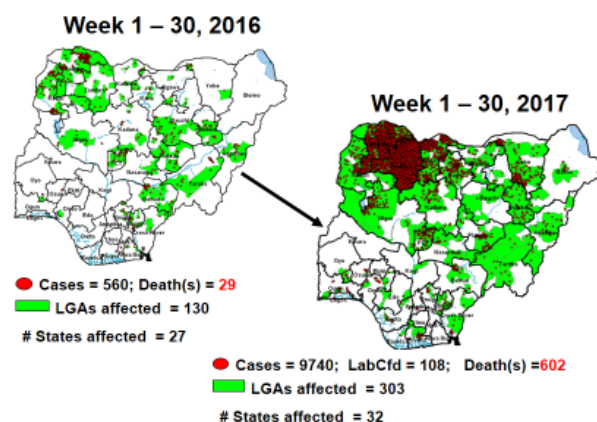
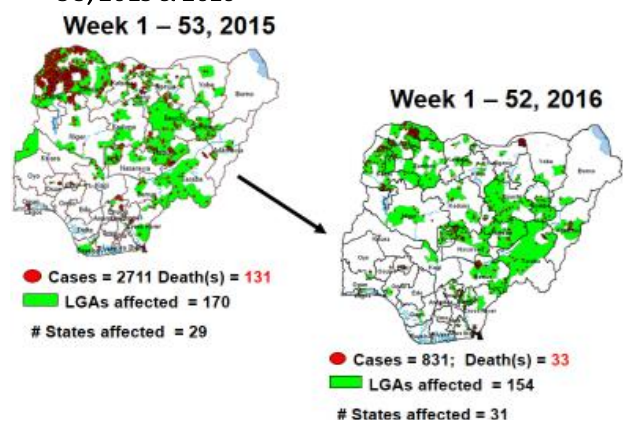


Figure 10: Nigeria: Dot maps of CSM cases, week 1 - 53, 2015 & 2016



- 5.4. Timeliness/completeness of CSM case-reporting from States to the National Level (2017 versus 2016): on average, 80.9% of the 26 endemic States sent CSM reports in a timely manner while 98.1% were complete in week 1 – 30, 2017 as against 84.2% timeliness and 99.4% 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 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 provided to Zamfara, Sokoto, Katsina, Kebbi, Kano, Yobe and Niger States by NCDC and partners
- 5.9. Off-site support provided to other States
- 5.10. Intensive Surveillance 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 for people aged two to 29 years using polyvalent ACW conjugate vaccine.
- 5.15. Medical teams were trained and deployed to support case management in Sokoto and Zamfara States completed (from Friday 5th - 26th May, 2017).
- 5.16. Deployed mobile testing laboratory to Zamfara State to aid diagnosis
- 5.17. A Team was deployed by NCDC/WHO to support surveillance activities, laboratory data harmonization and monitoring of the implementation plan in Yobe state
- 5.18. National CSM EOC has been stepped down
- 5.19. Evaluation of the CSM outbreak response in Zamfara and Sokoto States is ongoing by NCDC and WHO
- 5.20. National CSM After-Action Review meeting conducted in Sokoto State from the 24th – 25th of July 2017.

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).

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Table 4: Updates on Epidemics, Week 1- 30 (24th – 30th July, 2017) as at 4th August, 2017)

SNO	State	Sub-Region	Status of Report	AFP		CSM		Cholera		Measles		Lassa Fever		Guinea Worm Disease		HPAI		Other Diseases/Events		Remarks	
				Cumulative Data WK-30		Cumulative Data WK-30		Cumulative Data WK-30		Cumulative Data WK-30		Cumulative Data WK-30		Cumulative Data WK-30		Cumulative Data WK-30		Cumulative Data WK-30			
				New	Cases at 01 Dec	New	Cases at 01 Dec	New	Cases at 01 Dec	New	Cases at 01 Dec	New	Cases at 01 Dec	New	Cases at 01 Dec	New	Cases at 01 Dec	New	Cases at 01 Dec		
1	Abia	3388108	1	6	120			2		26								1	3		
2	Adama	421638	1	10	280	24	5			68		6	2	333				11	1	008	
3	Akwa Ibom	547634	1	5	191					43								3			
4	Alamorra	537218	1	3	70	7				26		1	1								
5	Bahr	633057	1	10	383	13	4	307		130	13	11	4	333	1						
6	Bahia	220740	1	3	101					74								7			
7	Bahr	537031	1	12	221	20		2		229								1			
8	Borno	512837	1	8	240	21	2	133		24	138							8	105		
9	Cross River	304408	1	11	60	39	3	735		5	60							8	147		
10	Dah	515704	1	5	165	12				77											
11	Edo	208478	1	5	78	17				6	100							9			
12	Edo	420032	1	12	277	2	1	300		115		10	2	140	31	9	123				
13	Eni	322548	1	5	267					48								1			
14	Eno	437338	1	8	188	9	1	111		47		1	1	1000							
15	FCI	344323	1	9	201	2	7	137		53	2	2									
16	Gombe	322338	1	7	262	30	2	400		12	78	17	1	538				6			
17	Imo	338170	1	6	29					11	22							1			
18	Jigawa	371728	1	28	663	48	2	128		44	125	1									
19	Kaduna	815383	1	20	382	81	2	404		83	44	1						9			
20	Kano	009036	1	20	784	201	24	735		26	1	20	2	10	434			140			
21	Kano	776470	1	17	401	360	20	81	102	33	374	4						331	21		
22	Kogi	428487	1	17	677	111	18	391		8	463	1	1	1000							
23	Kogi	440012	1	9	53	2				24		3	1	333							
24	Kwara	318655	1		18					35											
25	Lagos	023074	1	1	206	15	1	133		80											
26	Nasarawa	250408	1	7	201	21				24								10			
27	Niger	550002	1	6	161	114	30	105		20	4	1						30			
28	Oyo	515810	1	13	264	15	2	133		34		1						84	9	071	
29	Oyo	462449	1	11	194	18				24		27	18	6	222						
30	Oyo	468108	1	13	221	7	1	125		38											
31	Oyo	719161	1	11	165	25				40											
32	Plateau	444815	1	19	201	50	2	3	600	38	378	27	9	7	263						
33	Rivers	724454	1	6	200	2				10	123	6	1								
34	Sokoto	488460	1	4	228	387	194	47		126	10										
35	Taraba	303515	1	7	229	22				17		31	12	9	208			7	2	251	
36	Yobe	327633	1	10	320	200	11	25	113	88	10	1									
37	Zaria	446875	1	14	140	388	18	227	537	45	17										
Total		807494	35-57%	357	979	540	600	134	2	1567	66	12	2	366	86	53	1	18	265	21	015

Please note that the reporting status in this table is from NMA State office

Source: Nigeria's National Disease Control Program

Status of Report: 1: Early, 2: Late, 3: No Report

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

Source: Nigerian Centre for Disease Control (NCDC)

Status of Report: 1=Final; 2=Interim; 3=Report